The	MARYLAND STATE DEPARTMEN	116650
	2324 CERTIFICATI	E OF DEATH Reg. Dist. No. 30
full	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
ation carefully,	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
	CITY (If outside corporate limits, write RURAL OR and give nearest town)  Satonsville	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
information clearly and	HOSPITAL OR INSTITUTION OR Spring Grove State Hosp.	STREET (If rural give location) ADDRESS Baltimore County Home
item of of death	DESCRIPTION	(Last) 4. DATE (Month) (Day) (Year) OF DEATH: 3 24 19 55
	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify): Single 6-1-	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRB.
causes	NOA. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): UNKNOWN	USA USA (State or foreign country): 12. CITIZEN OF WHAT
pply	13. FATHER'S NAME: E/i S. A/ban.	14. MOTHER'S MAIDEN NAME: Unithown Flizabeth Bull.
. 1	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
	no recorde service) unknown	Hospital's records
OING	18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  4 2 2 1	ONSET AND DEATH
FA	IMMEDIATE CAUSE  (A)CETEDTA	l vascular accident 3 days
UNF	ANTECEDENT CAUSE (S)	osclerotic cardio-vasc lar
Phys	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	
W int.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
LY,	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
LAINLY, W.	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
WRITE PL especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?
NO	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
E TYPE OR	SIGNATURE. Wachsler	12:15M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED  1.D. Sharing Grave St. Horter tal
PLEASE		Come terv. Park ton, Balto. Co. Md.  Park ton, Balto. Co. Md.  Park ton, Balto. Co. Md.  ADDRESS  Lacol Sarlenslein, New Freedom Va.
4 4 1 4		

BUREAU V. S.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg.	Dist.	No. 4/	
	~	T - O	-000

(1)			,
ľh	I, PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	13 . 3 . 3
	COUNTY BALTIMORIS MARYLAND	STATE MANY LAND COUNT	Y Calle
5.5	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and gi-	ve nearest town)
19.5	53 OR give nearest town OUNDALK (in this place)	TOWN DUNDALK	50
eg	HOSPITAL OR	STREET (If rural, give location)	
D D	OF INSTITUTION OR 3218 MC SHAILE WAY	ADDRESS 3016 mc (141)	NIE WAL
an	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	106
ati	DECEASED TILLIAM	I Ma DC OF MALA	(Day) (Year)
ea	(Type or Print) C / A/3 - T - A/1/5, SEX   6, COLOR OR RACE   7, SINGLE, MARRIED.	DEATH ////////////////////////////////////	27 1953
Supply every item of information carefully write the causes of death clearly and legibly.	FEMALE WHITE WIDOWED, DIVORCED, (Specify) (DOWED)	MAY 5, 1879 77 yrs. Months	
of	done during most of working life, even if retired)  10h. Kind of Business or done during most of working life, even if retired Industry	II. BIRTHPLACE (State or foreign country)	COUNTRY?
Edi	AT ATOME	101710	2.5. A.
ite	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Su se	PICKENS	BELLE LAIVE	
ca ca	15. WAS DECRASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS LINU DO	UER HILLS ME
y e	(14s, do, or daknown) (17 yes, give war or dates of	HOWARD W. Amos 6/12 13	EALL ST
Te a	18. MEDICAL CE	RTIFICATION	1- 6 -
Sur	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATE
(I)	7/11/1	or ( and )	14
INK. please	443 Ammediate cause (a) Jupullusion	CSWGW - Viscular	
	Antecedent cause(s)		1/-
G 55	Diseases or conditions, if any, (b)	> - + 4 = 100000 0 00000 0 000 0 0 0 0 0 0 0 0	
Z ig	giving rise to the above cause stating the underlying cause last		V
O.is.	(p)		
UNFADING nt. Physicians:	II. OTHER SIGNIFICANT CONDITIONS		
3	Conditions contributing to the death but not related to the disease or condition causing death.		
H (ant	19a. DATE OF OPERATION   19h. MAJOR FINDINGS OF OPERATION		1 20. AUTOPSY?
TF			Yes   No M
WITH	21. EXTERNAL CAUSE WAS   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY	
=	PRIMARY OR CONTRIBUTING OF OF ORCE MOR, etc.)	WOW DAY AND	
AINLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
VI.P	INJURY m. work at work		
PLAINLY especially	22. I certify that I took charge of the remains described above, held an A	Autopsy : Inspection   Inquiry   Hereon and	from the evidence
2	obtained by said Autopsy, Inspection or Inquiry, find that said dece	rased died on the dry stated above, and death in my	opinion resulted
LS.	from: natural causes , accident , suicide , homicide ,	undetermined .	DATE SIGNED
~	(SIGNATURE) (Degree or title)	ADDRESS	DALE SIGNED
=	1/1/20 /11 A Nul may 2	my - Nelledare rr. The	138711
ا		RY OR CREMATORY   LOCATION (City, town, or coun	ty)/ (State)
S2 4.	BURLACION APR 1. 1955 OAK L	AWN COLGATE	mo
r	DATE RECID BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
-	Word 31-1955 Thill and In	VULRICH FUNERHLITOME	2/12 DUNDAL
	I was a final formation of the same of the		11-11-01-01190

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BUREAU V. R.

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#### MARYLAND STATE DEPARTMENT OF HEALTH

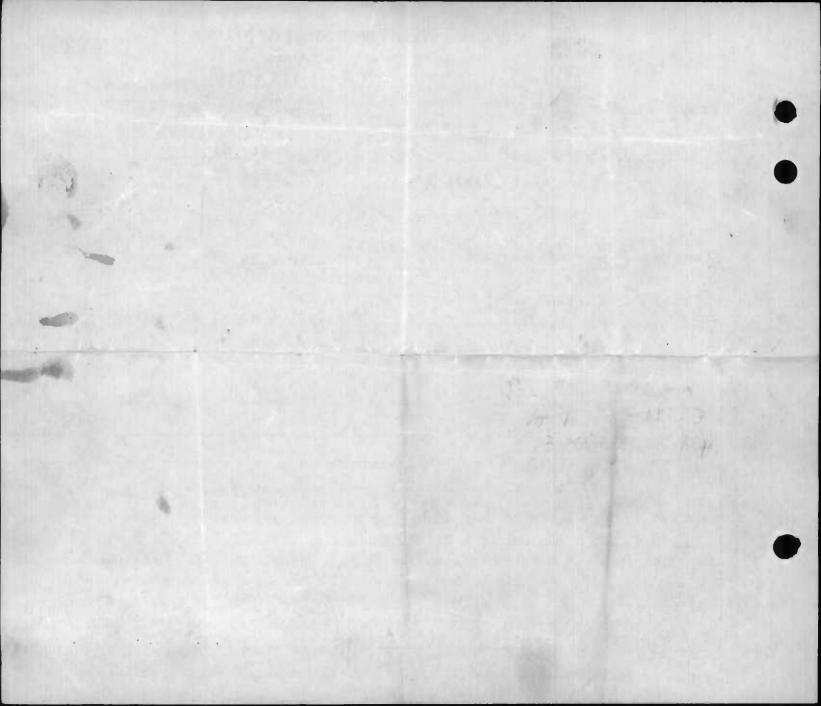
2411 N. Charles Street, Baltimore

02298

### CERTIFICATE OF DEATH

Reg. Dist. No.

tems 12,13,14 FilmG179 3-18-55 et	Reg. Dist. No.
1. PLACE OF DEATH- COUNTY Balto.Co.Md. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
CITY (If outside corporate limits, write RURAL and OR give nearest town)  X TOWN  CITY (If outside corporate limits, write RURAL and OR STAY (in this place)  WKS.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Balto.City 3 Vol - 4
HOSPITAL OR INSTITUTION OR 3492 Logan View WA.Y	STREET ADDRESS 1401 Filbert St.
3. NAME OF (First) (Middle) DECEASED The state of the sta	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Elizabeth Bagdan   Bagdon	liene   DEATH Mar. 10, 35 19
Female   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (SPENOWED)	9. AGE last birthday If under I year If under 24 hrs.  1874 9. AGE last birthday If under I year If under 24 hrs.  Nonths Days If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WILE  13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)  Lithuania  12. CITIZEN OF WHAT COUNTRY! U.S. A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If yes, give wer or dates of service)	17. INFORMANT AND ADDRESS Nellie Salkoski 4201 Grace Ct.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND/DEATE
rad x	late Il de la la
5 10 Immediate cause (a) Massive, of	Mesting Hemonnage 4 days
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause stating the underlying cause last	
(c)	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
E has	D. 55. 10 Mars . 63.
22. I hereby certify that I attended the deceased from	19 95, to 10 Mar, 19 55, that I jast saw the deceased
alive on 10 Mar. 1955, and that death occurred at	m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS DATE SIGNED
Mit Morrisa: M.D. 3Ku	ushigs Rd. Bally 22 Mid 12 Mar 55
REMOVALI (Specify) 3-15-55 Holy Cros	RY OR OREMATORY LOCATION (City, town, or county)  A.A. C.O. Md.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/4/5	Wm. S. Fialtowski 2007 Eastern ave,
R.A.	



Onset And Death 20. AUTOPSY ? Yes No Z (COUNTY) (STATE) 19.J., that I last saw the deccased from the causes and on the date stated above. alive on Lunch and that death occurred at DATE SIGNED SIGNATURE (Degree or title) ADDRESS BURIAL, CREMATION, NAME OF CEMETERY LOCATION (City, town, or county) OR CREMATORY REMOVAL (Specify) Burial Woodlawn Cemeterv REGISTRAR'S 24. FUNERAL DIRECTOR DATE REC'D BY LOCAL Dundalk.Md.

Reg. Dist. No.

(Day)

Months | Days

29th.

COUNTY Balto

(Year)

Hours

12. CITIZEN OF WHAT

COUNTRY?

19055

203

SE

V

PLE.

BUREAU V. S.

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BECEINEIL

# 2326

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

Reg. Dist. No. 37

Towson.

Supply every item of information carefully. write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: please

		FOR MEDICAL	LEARWINERS	Reg.	Dist. No	2	
	ltimore	MARYLAND	2. USUAL RESIDENCE ( STATE Maryland	d	COUNTY	altimor	6
TOWN give neares	corporete limits, write RURA st town) the rville	Land LENGTH OF STAY	CITY (If outside corpo OR TOWN Luthe	rate limits, write RURA Prville	AL and give :	nearest town)	X
HOSPITAL OR INSTITUTION O STREET ADDR			STREET ADDRESS Rail	(If rural, give le road Avenue	ocation)		1
3. NAME OF DECEASED (Type or Print)	(First) WILLIAM WAL		(Last)	OF DEATH Marc	ch 5,	1955	Year)
Male	White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) LIVORCED	July 10, 1880	9. AGE last birthday 74 yrs.	Months   D	year If under Days Hours	24 br Min
done during most of		10b. Kind of Business or Industry Cchool Dept	Maryland	or foreign country)	12. Co	CITIZEN OF US	Д.
Walter B	aker		Elizabeth Bal	cer			7
15. WAS DECEASED I	EVER IN U.S. ARMED FORCES ) (If yes, give war or dates of service)	1 16. Social Security No.	Family Inform			THE	9
Diseases or giving rise stating the	enf cause(s) conditions, if any, to the show cause underlying cause lest  (c)  TICANT CONDITIONS buting in the death but not		coronary ou			na o'i na da na all'ana a canadana	
related to the dise	ase or condition causing deat	n. INDINGS OF OPERATION		,		20. AUTOPS	
21. EXTERNAL CAPRIMARY OR CAUSE OF DEAT	ONTRIBUTING [ OF	CE (Hnme, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (	COUNTY)	Yes 1 (STATE	No E
TIME (Month) OF INJURY	(Day) (Year) (Hour) m.	INJURY OCCURRED While at Not while work at work	HOW DID INJURY O	CUR?			
obtained by sa	Autopsy, Aspection or oll couses V, accident	ins described above, held an A Inquiry, find that said dece, suicide , homicide , suicide , homicide , (Degree or title)  NAME OF CEMETE P55 Prospect Hill	ased died on the day state undetermined ADDRESS  RY OR CREMATORY  Completery	ed above, and death  LOCATION (City, tow  Towson . Many	on in my op	DATE SIGN	NED
DATE REC'D BY		SIGNATURE	24. FUNERAL DIRECT	OR /		ADDRESS	

BUREAU V. 1955

MEGETAEO

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2327

Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

A15-10-53

CERTIFICATE OF DEATH

Reg Dist No

<u>×</u> .	2001	integ. Dist		
carefully.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:	
gil	county Baltimore MARYLAND	state Maryland county	Balle.	
	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Fort Howard  LENGTH OF STAY (in this place)  21 Days	CITY(If outside corporate limits, write RURAL s OR TOWN Reisterstown	nd give nearest town)	
item of information of death clearly and	HOSPITAL OR INSTITUTION OR 50 STREET ADDRAGE terans Administration Hospital	STREET (If rural give location) ADDRESS 46 Bond Avenue	7	
em of ind death cl	DECEASED: REYNOLDS H. BALTII	MORE OF March	Day) (Year) 23 19 55	
	BACE: WIDOWED DIVORCED	of BIRTH: 9. AGE last birthday   IF UNDER 1.7 6, 1887   67   yrs.   Months   I	Pays Hours Min.	
causes	work done during most of working life, even if retired): Truck Driver Cement Company	Front Royal, Virginia U	CITIZEN OF WHAT COUNTRY?	
pply the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
	Turner Baltimore	Martha MN: Unknown		
IK. wri	(Yes, no, or Mnk.) (If Yes, give war or dates of service) WW-I Unknown	17. INFORMANT & ADDRESS: Clin.Rec.,Vet.Adm.Hospital,Ft	. Howard, Md.	
UNFADING IN	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
AD S:	IMMEDIATE CAUSE (A) MYOCARDIAL INFARCTION			
NF	ANTECEDENT CAUSE (S) DUE TO CORONARY TH	ROMBOSIS	2 WEEKS	
WITH UNFAI	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO			
W.	(C)			
AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
Z odu	19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION			
3			YES NO	
	21A. ACCIDENT WAS UNDERLYING \( \bigcap \) OR CONTRIBUTING \( \bigcap \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fact OF INJURY street, office bldg.,	etc. INJURY OCCUR?	ty) (State)	
> ~	OF INJURY  VA  M.   21E INJURY OCCURRED While Not while at work at work   21E INJURY OCCURRED While at work   21E INJURY OCCURRED While at work   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?		
O.F.	22. I hereby certify that kattended the deceased from March	PM		
TYPE rect a	and that death occurred at	ADDRESS DA'	re signed	
	William B. VandeGrift, M. D. M. 23. Burial, CREMATION, DATE THEREOF   NAME OF CEMETI	.D. VAH, FORT HOWARD, MARYLAND	3-24-55 (State)	
PLEASE	Burial GPECIFY 3/27/1955 Perney Grove			
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Arlington S. Phillips Funeral	Home	
Delive	ered by Hearse by Phillips Funeral Home	1808 N. Monroe St. Baltimore	I/ Md	

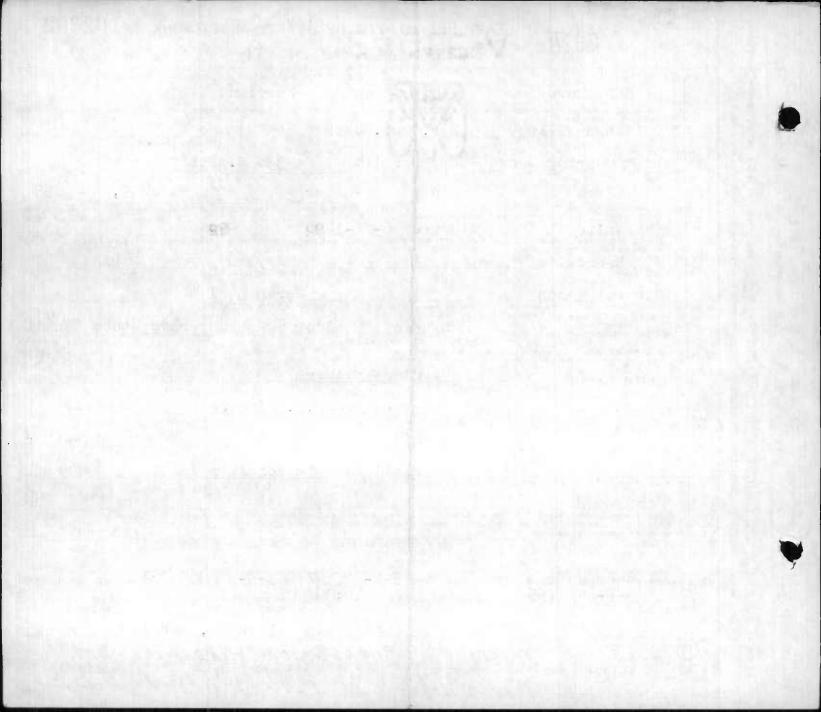
Marie Carlos Carlos Carlos

Supply every item of information carefully. The

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02302

4948	CERTIFICAT	E OF DEATH Reg	. Dist. No. 30
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DEC	EASED:
COUNTY Baltimore	MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write OR and give nearest town)  Satoms Catonsville	RURAL LENGTH OF STAY (in this place)  2yr.10mo.8	OR	(RAL and give nearest town)
HOSPITAL OR INSTITUTION OR INSTITUTION OR GROW	BELLATAU	STREET (If rural give le	
3. NAME OF (First) DECEASED: (Type or Print) Sarah	(Middle) Haron	Barber 4. DATE (Month) OF March	(Day) (Year) 1955
Female 6. COLOR OR 7. SINGLE WIDOW (Specify	ED. DIVORCED.	9. AGE last birthday Mon	DER 1 YEAR IF UNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	OB. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country)  Marvland	USA
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	1 0000
Michael Haron		Sarah Caslin	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST	16. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Unknown	Records Spring Grove	State Hospita
	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		ONSET AND DEATH
IMMEDIATE CAUSE	(A) Cardiac f	ailure	1 day
ANTECEDENT CAUSE (S)	DUE TO		7.5
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	(B) Hypertens	sive c.v. disease	Years
	(c) Uremia		1 week /
II OTHER SIGNIFICANT CONDITIONS CONTROL TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING E	THE	red arteriosclerosis	Years
	FINDINGS OF OPERATIO		20. AUTOPSY?
			YES NO X
21A. ACCIDENT WAS UNDERLYING 2 OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	1B. PLACE (Home, farm, fac F INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town)	(County) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF "INJURY M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
	d that death occurred at	PLES CEM PIKESVILL	date stated above.  SMITSIGNED  Land 3-9-55 wn, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	24. TUNERAL PIRECTOR TO 1 40	PRODRESE



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2329

CERTIFICATE OF DEATH

	OF DEATH:		1	2. USUAL RESI	DENCE (HOME) OF DECEASED	
	D-714					
COUNTY		MARY	O.D. CIDAR	STATE Ma	ryland co side corporate limits, write RURAI	UNTYBaltimor
OR an	d give nearest town)		is place)	OR		I and Blac nearest to
TOWN	Cockeysville	128 yr	S.	0	ockeysville	X
HOSPITA INSTITU STREET	TION OR ADDRESS POWER	s Avenue		STREET ADDRESS	(If rural give locat	ion)
3. NAME OF DECEASE (Type or 1	D: (7.115t)	(Middle) CORNELIUS BA	RBOUR	(Last)	4. DATE (Month) (1) OF DEATH: March 10	Day) (Year)
5. SEX:	s. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	Sept.	29, 1875	9. AGE last birthday: IF UNDER 79 yrs. Months	1 YEAR   IF UNDER 24 H Days   Hours   Min.
10a. USUAL	OCCUPATION Give	kind of 10b. KIND OF BU	USINESS OR		E (State or foreign country):	2. CITIZEN OF WII COUNTRY?
even if	retired) Pharmaci	st Retail Drug	gist	Kentucky		USA
13. FATHER				14. MOTHER'S MA	IDEN NAME:	
	Lewis Colem	an Barbour		Elizabe	th Ann Ford	
15 WAS DECI	SASED EVER IN U.S.ARM	ED FORCES! 16. SOCIAL SECURI	TY No.:   17.	INFORMANT & A	DDRESS:	
(Yes, no, or u	nk.) (If Yes, give war service) None	or dates of	F	emily Recor	de	
140	_ i _ NOIIA	18. MEDICAL CI		· ·	0.0	
42	es or conditions	(a)	EATH	nyoco	adilis -	Interval Bette
	dent causes (s)	DUE TO		/		
Diseases	or conditions, if an	y, (b)				
	lse to the above caus	5e				
stating	the underlying cause l	last. DUE TO				
stating	the underlying cause l	(c)				
stating	SIGNIFICANT COND	(c)				
stating  11. OTHER  Condition related to	SIGNIFICANT COND as contributing to the the disease or condit	(c) ITIONS death but not lon causing death.				
stating  11. OTHER  Condition related to	SIGNIFICANT COND as contributing to the the disease or condit	(c) ITIONS death but not	PERATION			20. AUTOPS
II. OTHER Condition related to	SIGNIFICANT CONDISS contributing to the of the disease or condit F OPERATION: 191	(c) ITIONS death but not ion causing death. b. MAJOR FINDINGS OF O			TOTAL COLUMN TO	Yes No
stating in the state of the sta	SIGNIFICANT CONDISS contributing to the of the disease or condit F OPERATION: 191	(c) ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI    PLACE (Home, farm, fa OF office bidg., etc   NJURY	actory, street,			
11. OTHER Condition related to 19a. DATE O  21. ACCIDE SUICIDE HOMICH TIME (MOOF INJURY)	SIGNIFICANT CONDISC contributing to the or the disease or condit F OPERATION: 198  NT (Specify) DE onth) (Day) (Year)	(c)  ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI  PLACE (Home, farm, fa OF office bldg., etc INJURY  (Hour)   INJURY OCCUR While at Not Work   At	ectory, street, .)  ED t While Work	HOW DID INJU		Yes No
11. OTHER Condition related to 19a. DATE O  21. ACCIDE SUICIDE HOMICH TIME (MOOF INJURY	SIGNIFICANT CONDISC contributing to the or the disease or condit F OPERATION: 198  NT (Specify) DE onth) (Day) (Year)	(c)  ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI  PLACE (Home, farm, fa OF office bldg., etc INJURY  (Hour)   INJURY OCCUR While at Not Work   At	ectory, street, .)  ED t While Work	HOW DID INJU		Yes No (STATE)
11. OTHER Condition related to 19a. DATE O  21. ACCIDE SUICIDE HOMICH TIME (MOOF INJURY)	SIGNIFICANT CONDISS contributing to the steed of the disease or condit of OPERATION: 190  NT (Specify)  DE onth) (Day) (Year)  by certify that I at the steed of	(c)  ITIONS death but not ion causing death. b. MAJOR FINDINGS OF OI  PLACE (Home, farm, fa office bldg., etc INJURY  (Hour) INJURY OCCUR While at Not	ED t While Work	HOW DID INJU	RY OCCUR?  2, 19.53, that I la om the causes and on the da DDRESS	Yes No (STATE)  Set saw the decease te stated above. DATE SIGNED
11. OTHER Condition related to 19a. DATE O  21. ACCIDE SUICIDE HOMICH TIME (M. OF INJURY)  22. I herel alive of SIGNAC	SIGNIFICANT CONDISS contributing to the steed of the disease or condit of OPERATION: 19 OPERATION: 1	CC   ITIONS   death but not ion causing death.	ED t While Work	HOW DID INJU	RY OCCUR?  2, 19.53, that I la om the causes and on the da DDRESS	Yes No No (STATE)
11. OTHER Condition related to 19a. DATE O  21. ACCIDE SUICIDE HOMICH TIME (MOST INJURY)  22. I herel alive of SIGNAC 23. BURIAL	SIGNIFICANT CONDISCONTINUES contributing to the secont condition of the disease or con	CC   CC	ED t While Work	HOW DID INJU	RY OCCUR?  244, 1953, that I la  om the causes and on the da  DDRESS  LOCATION (City, town, or	Yes No No (STATE)  Ist saw the decea te stated above. DATE SIGNED  County) (State)
11. OTHER Condition related to 19a. DATE O  21. ACCIDED SUICIDE HOMICH TIME (MOFENTURY)  22. I herel alive of SIGNAC  23. BURIAL REMONAL PUTTAL	SIGNIFICANT CONDISCONTINUOUS contributing to the contributing to the condition of the disease or condition of the disease or condition of the disease or condition of the condition of the condition of the contribution of the co	CC   CC   CC   CC   CC   CC   CC   C	ED t While Work  rred at	HOW DID INJU	om the causes and on the da DDRESS  Y LOCATION (City, town, or Ty Cockeysville, Me	yes No (STATE)  sst saw the decete stated above. DATE SIGNED

PLEASE WRITE PLAINLY, WITH VS. A15

MARGIN RESERVED FOR BINDING

BUREAU V. S.

2261 91 AAM

BECEINED

UNFADING

OR WRITE PLAINLY,

TYPE

PLEASE

Supply every item of information carefully.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02304

2330 CERTIFICATE OF DEATH

			- /
Reg.	Dist.	No.	-

J.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
gib	COUNTY Baltimore MARYLAND	STATE Maryland COUNTY
le	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
death clearly and legibly	OR and give nearest town) (in this place)	OR
ल	X TOWNFort Howard 22 days	Definition of the second
5	HOSPITAL OR INSTITUTION OR	STREET (If rural give location)
ea	SOSTREET ADDRESS Veterans Administration Hospi	tal 1112 Ramblewood Road
ਹ		(Last)   4. DATE (Month) (Day) (Year)
ath	DECEASED: (Type or Print) HARRY E. B.	ENSON DEATH March 13, 1955
de	5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Jo	Male White (Specify): Married 3-26	-94 60 yrs. Months Days Hours Min.
please write the causes	work done during most of working life, even if retired): Merchant Tobacco Store	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland U.S.A.
9	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
다.	William H. Renson	
te		Laura Thompson
W	15. WAS DECEASED EVER IN U.S. ARMED FORCEST (Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:
e se	Yes of service) WW 1 Unknown (	Clin.Rec., Vet.Adm.Hosp., Fort Howard, Md.
plea	18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
13:	177X MMEDIATE CAUSE (A) CARCINOMA O	F PROSTATE WITH METASTASIS TO UNKNOWN
Physicians:	ANTECEDENT CAUSE (S: PREXED THORACIC LT	H VERTEBRA
/sic	DISEASES OR CONDITIONS, IF ANY, (B)	
स्	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	
	(C)	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
ort	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
ã/h	19A, DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	V 20 AUTOROVA
	3-8-55 Excision of Extradural Met	tastasis, Level T4 YES NO NO
2		
especially	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
is est	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?
	22. I hereby certify thatVA attended the deceased from Feb.	19. 19.55 to March 13. 19.55 that Klast Kan Charles
age		
	any on control and that death occurred at	ADDRESS DATE SIGNED
correct		
OI	WILLIAM B. VANDEGRIFT, M.D. M.	.D. VAH, FORT HOWARD, MARYLAND 3-U1-55 ERY OR CREMATORY   LOCATION (City, town, or county) (State)
_	REMOVAL (SPECIFY)	
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	William J. Mickner & Sons, Inc. Address
		North and Pennsylvania Ave., Baltimore, Md.

OUT ADDOUGH THAT ARE

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2331

#### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
county Baltimore MARYLAND	STATE Maryland COUNTY Balt	imore
	CITY(If outside corporate limits, write RURAL as	nd give nearest town)
CITY (If outside corporate limits, write RURAL OR and give nearest town). (in this place)	TOWN Wiltondale	×
HOSPITAL OR	STREET (If rural give location)	1
STREET ADDRESS 600 Yarmouth Road	ADDRESS 600 Yarmouth Road	#14
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Mrs. Carrie Holland	D	h 11 19 55
female white WIDOWED, DIVORCED. (Specify): widowed Nov. 1		ays Hours Min.
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT
even if retired): Inspector Oles Envelope	Baltimore, Maryland	COUNTRY
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mr. Charles Holland	? Schmidtke	
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) 215-24-1621	Mr. Ernest Berger, 600 Yarmout	h Road #4
DUE TO  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	in Traemer	3 mas
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING \( \) OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
Sier Sikorafila	109M, from the causes and on the date s	stated above.
Burial Manch 4, 1999 Druid Ridg	Cemetery Baltimore Ma	
DATE RECIDING LOCAL REGISTRAR'S SIGNATURE HELMING	Leonard J. Ruck, 5305 Harford	Road #14

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

VS. A15 -- 10 - 53

Dr. Albert Sikorsky 2939 Mc Elderry Street Br. 6 1234

VS. A15 8-51

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No....

CERTIFICATE OF DEATH 2332

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY Columne MARYLAND	STATE May County Dall	inne
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY (in this place)	CITY (1f outside corporate limits, write RURAL and	d give nearest town)
119911111	TOWN Affice.	A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS WE ZION	STREET (If rural give location) ADDRESS ### 3.000	1
3. NAME OF DECEASED: (First) (Middle) (Type or Print)	(Last) 4. DATE (Month) (Day OF DEATH March	(Year) 4 19 5 5
5. SEX: 6. COLOR OB 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Special of the color of	OF BERTH: 9. AGE last birtiday: IF UNDER I	
10a. USUAL OCCUPATION (Cive kind of 10b. KDND OF BUSINESS OR	R   11. BIRTHPLACE (State or foreign country):   1	2. CITIZEN OF WHAT
work done during most of working life, even is petired):	Mamfand	9. S. A.
13. FADIER'S NAME:	14. MOTHER'S MAIDEN NAME:	
(5) WAS DECRASED EVER IN U.S. ARMED FORCES ? 16. SOCIAL SECURITY No.:   17.	INFORMANT & ADDRESS:	
(Yes, no, or unk.) (1f Yes, give war or dates of service)	nes Herbuf Wisner Juffer	es Judi
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	¬ .:4: )	ONSET AND DEATH
Immediate cause (a) hrome	Myscardiles	-
DUE/TO	0/. 10 / -	>
Antecedent cause(s) Diseases or conditions, if any,	aislig-Vosevlar decease	
giving rise to the above cause DUE TO		
-stating underlying cause iast (c)		
II. OTHER SIGNIFICANT CONDITIONS:  Conditions contributing to the death but not related to the disease or condition causing death.		
19a, DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY M.	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from	1938 to met 14 19.57 that I last s	aw the deceased
	O.:30 Pm., from the causes and on the date	
SIGNATURE (DERREE OR TELL		DATE SICNED
Joseph Push me	Nampotion mel	3/14/55
23. BORIAL, CAREST CON DATE THEREOF NAME OF CEMPTER MANE OF CEMPTER MANE OF CEMPTER PROPERTY.	41 H 1 1/1/2 D 1 H L F	ounts) (State)
DATE KEC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-16-55 Nary B. Zlue.	um. Bloryman & sons /2	aursim

John Fisher

that himer

BUREAU V. &

9961 71 AAM

march, 17, Mig- raiston ben, Michael at Mister DEGENA ED.

2333

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimere

### CERTIFICATE OF DEATH

			5
Ross	Met	Na	
TPCR.	Din.	140	

023074

1. PLACE OF DEATH- COUNTY OF OTHER MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY (), ()
CITY (It outside corporate limits, write RURAL and CITY (It outside corporate limits, write RURAL and CITY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN  OR  OR  OR  OR  OR  OR  OR  OR  OR  O
HOSPITAL OR INSTITUTION OR STREET ADDRESS aton Ridge hursing Come	STREET (If rural, give location) ADDRESS One Count
3. NAME OF DECEASED (First) (Middle) (7) (Type or Print)	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Morch 28 19.5.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORGED, (Specify) WIDOWED,	8. DATE OF BIRTH 9. AGE last hirthday If under 1 year If under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIEBN OF WHAT COUNTRY!
13. FATHER'S NAME	IN MOTHER'S MAIDEN NAME
15. Was Decrased Ever In U.S. Asmed Forces? 16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of service)	Baymond Bertier Belair Af, Mit
18. MEDICAL CE	ERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATE
3 3 / X Immediate cause (a) Cercelercel	remorrhesoz 6 hr.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	veteriosclerosis
(c) Severalyed	arterioseleroses
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	C-V Dis. Parkinsonisme
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY1
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office hidg., etc.) HOMICIDE INJURY	(03.12)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from	19.54, to wavel 2819.55, that I last saw the deceased
alive on Wesch 8, 1955, and that death occurred at	
SIGNATURE, (Degree or title)	ADDRESS DATE SIGNED
K. Kulert WD	400 K. Hilton 89 3/25/15
23. BURIAL, CREMATION DATE THEREOF THE NAME OF CEMETE REMOVAL (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
3 9 - 1 - Wellen	19 A Curry 20 -uz

Dr- Krubinty -400 H-Hilton Wic-5-7083

	1-	CERTIFICATE	3		
and leg		NAME OF DECEASED (ype or Print) EVA MAN BLAKE	2. DATE OF DEATH /// 31/955		
PEN. ly ar		PLACE OF DEATH: Baltimore City, Maryland Dellings Currely	4. USUAL RESIDENCE (Where deceased lived. If institution: residence A. STATE, B. COUNTY before admission)		
Set P	-	FULL NAME OF (If not in hospital or institution, give street address or	12/1/ 7. 1/2 25 6		
POINT h clear 3) DA	H	OSPITAL OR location)	C. CITY OR TOWN (If outside corporate limits, write RURAL and give		
Pol 3)	18	STITUTION	RURAL BRIGHTON, Md XI		
L. (E	1	59 Yrs. Mos.	D. STREET ADDRESS (If rural, give location)		
F d	c.	Length of stay in Baltimore Days	6509 FAIRMOUNIAVE, BALTI.		
es or	5. F	SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH  9. AGE (In years It Under 1 Year Months: Days Hours Min.  4PRIL 42, 1904  9. AGE (In years Months: Days Hours Min.		
nor use the cause WITHIN		DA. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF		
NOT the c	worl	k done during most of working life, even if retired)	RALTIMORE WHAT COUNTRY?		
the WIT	13	HOUSEVYITE 3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
K-Do write RDS		Edward Whent	FILENI BROWN		
W. W.	1.	5. WAS/DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL	THUCK PROVIN		
D. INK. ISE W	(Ye	oe, no or unknown) (If yes, give war or dates of service) SECURITY NO.	17. INFORMANT ADDRESS SAME		
ACK INI please RECO	4	NU	INTERVAL BETWEEN		
RECORD. BLACK I		10. A 10. X	OF DEATH		
T. T.		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	umatic C. V. Disease Obout 354		
RMANENT RECOR BLUE-BLA Physicians: I		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease,			
RMAI OR P		injury or complication which caused death.) DUE TO			
MY P		ANTECEDENT CAUSES			
A P. AC.	7	DISEASES OR CONDITIONS, IF ANY, GIVING			
ENT BLAC Supplied.	TION	RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO			
Sup B	AT	UNDERLYING CONDITION LAST.			
	C				
ERMAN refully H TH	RTIFIC	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	Market Section 11 12 12 Property and the second		
Dir Ind	AR		(e.g., In or Zfc. WHERE DID (If in Baltimore City, give exact location)		
TE CE	DIC	OR CONTRIBUTING CAUSE OF about home, farm, factory, atreet, office DEATH (NOTIFY MEDICAL EXAMINER)	bldg, etc.) INJURY OCCUR?		
WRITE Should	III				
or vion	Σ	21D. TIME (Month) (Day) (Year) (Hour) 21E. INJURY OCCURRI	LETT		
ati o		m.   work   AT WOR			
TYPE, format MUST		22 I certify that (I) (this hospital) attended the decease	he deceased alive on more 29 19.55,		
			and on the date stated above.		
PLEASE n of in CATE			. ADDRESS 23c, DATE SIGNED		
PLE		Julius C. Stuck M.D. 5	356 Re15 Levertown Rol 3/21/54		
PI rery item ERTIFIC	_	ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. 4A, BURIAL, CREMA-1 24B, DATE 24C, NAME OF CEMETE	RY OR CREMATORY 240 LOCATION (City, town, or county) (State)		
R.T.	TI	ON, REMOVAL (Specify)	DNec 1.110 Und		
<b>三</b>	1	Durial Tano DAVIO 11047	E 1 1/1/05/11/2 MG		

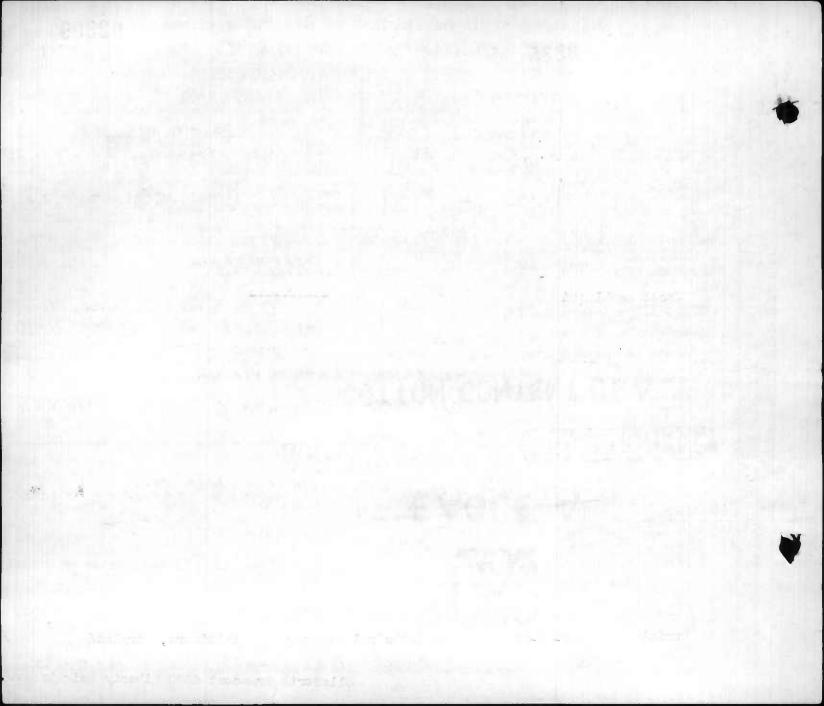
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90 N-A20		Denti Sp. Stelle B. Could a rest!
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SHARWARDAN & APRILON OF		INAM CROSSING II
	on release break in	relative to the days of the first over the second seconds of the second
MARINE ON THERE	LIADING TO DEATH	V. P. SINSTANCE OF CONDITIONS INSTANCED V.
	677 3945	
		THA 12 THE CONDITION OF PRESIDENT
Che Dies		DE SER TERROS TRADITIBROS ES SE SES SE LA ISB E TANG REI DE SES SE LA ISB E TANG REI DE SE SE LA ISB E TANG REI
		TE COMPUNESCHOUS W TASSCESA APS TO MICE TO SCHOOL SHIP STORY (SERVICE) TO MICE TO SCHOOL STORY (SERVICE) TO SCHOOL STO
Before the late of		
THE PARTY OF THE PROPERTY OF THE PARTY OF TH		ES HUNDY CHEMINATION LINES TENES
SA FINKAL DIRECTOR	THE CANADA	DON'T RECO BY LOCKLY WESTERNAN

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1802309

2335 CERTIFICATE OF DEATH Reg. Dist	No. 31
1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEASED:	
	B.
COUNTY BALTIMORE MARYLAND STATE MARYLAND COUNTY CITY (If outside corporate limits, write RURAL a LENGTH OF STAY CITY (If outside corporate limits, write RURAL a	307 1 1 107
TOWN and give nearest town) KURAL (in this place) OR RURAL	nd give nearest town)
BALTIMORE GYRS BALTIMORE	<u> </u>
	BALTO. 7, M
3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day	(Year)
(Type or Print) VICTORIA L. DLUM DEATH: MARCH 2	5 19 55
5. SEX: S. COLOR OR RACE: S. SINGLE, MARRIED, S. DATE OF BIRTH: 9. AGE last birthday: If UNDER 1 Y Months   D. Mon	EAR IF UNDER 24 HRS.
F W (Specify): MARRIED JAN 13, 1913 42 yrs.	ays Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. work done during most of working life, 1NDUSTRY:	CITIZEN OF WHAT
even if retired): YEAASYLVA NIA	US
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Jacob Kadbluski	
15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS: ALFRED CLAY7 (Yes, no, or unk.) (If Yes, give war or dates of	ON BLUM
NO service) 3521 TULSA RD BAL	TO 7. MD
18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Interval Between Onset And Death
Immediate cause (8) GENERALIZED CARCINO MATOSIS	6 1405.
Immediate cause (a) SERERACIZED CARCINO 177A 10313	
Antecedent causes (s) Diseases or conditions, if any,  CARCINOMA OF OVARY	1/2 YRS
glving rise to the above cause stating the underlying cause last.  DUE TO	
(c)	
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
194. DATE OF OPERATION: 196. MAJOR FINDINGS OF OPERATION TUMOR MASS IN PELVIS WITH METASTASES THROUGHOUT	20. AUTOPSY ?
Alport WAL CAUTY	Yes No
SUICIDE OF office bldg., etc.)	STATE)
minery (by it) (b) in the contract of the cont	
INJURY OCCURED  While at Not While  INJURY OCCUR?  While at Not While  Work   At Work	
	the deceased
22. I hereby certify that I attended the deceased from,19, to MAR_ 35_19.55, that I last	
alive on MAR. 24, 1955, and that death occurred at 836 179, from the causes and on the date SIGNATURE	stated above. TE SIGNED
B Struly Edun ma 7306 Telesty Rd Ballo 7 ml	Mar 25 155
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or co	
REMUVAL (Specify)	
Burial 3-29-55 New Cathedral Cemetery Baltimore, Maryla DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 1 24. FUNERAL DIRECTOR	ADDRESS
3-21-2 4 W. Nedrold Elloworth and	Goos
Ellsworth Armacost 4600 Liberty	Heights Ave

A15 VS.



DATE RECEIVED BY

LOCAL REGISTRAR

REGISTRAR'

'S SIGNATURE

ERAL DIRECTOR

ADDRESS

BUREAU L. S.

Sidi to NAM

DECENTED

NATIONAL PROPERTY AND POST OFFICE AND PROPERTY AND PROPER

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2337

CERTIFICATE OF DEATH

			27
Z.	Dist.	No.	32

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED:	
COUNTY Ballimore MARYLAND	STATE maryland COUNTY Balle	~01
, CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITYIII outside curporate limits, write RURAL and	give nearest town
OR and give nearest town (in this place)	TOWN Phase	V
plaintle " " "	V CRESITANE	
HOSPITAL OR MINSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS KELSON NO	relson Rd	/
3. NAME OF (First) (Middle) (DECEASED:	Last) 4. DATE (Month) (Da	y) (Year)
(Type or Print) WILLIAM Edgar Bode	NSICK DEATH: March	29 1955
5. SEX:  6. COLOR OR  7. SINGLE, MARKIED.   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEA	R IF UNDER 24 HRS
male RACE WIDOWED, DIVORCED. (Specify):	an 1894 [1] yrs. Months Day	s Hours Min
OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS (	11. BIRTHPLACE (State or foreign/country):  12. CI	TIZEN OF WUA
work done during most of working life, OR MOUSTRY:		DUNTRY!
even if retired): (noticel Froduct	maryland u	50
13. FATHER'S NAME:	14. MOTHER'S MAMEN NAME:	
william Dadoucick	Mary BortenBack	or
IS. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT/& ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	ma william Bodensick	
0 of service) - 2/4-0047	The water out	
18. MEDICAL CERTIFICATI	ION	NTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		NSET AND DEAT
204,1		
IMMEDIATE CAUSE (A)	Chronic myllogenous lucker	MIA 100
ANTECEDENT CAUSE (8)	0	0
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.	N. Control of the con	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	Principle of the Control of the Cont	20. AUTOPSY?
		YES NO V
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact		(State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. INJURY OCCUR?	
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
While - Not while -		
M. at work at work		
22. I hereby certify that I attended the deceased from INC	c., 19.49 to 29 mas, 1955, that I last s	aw the decease
alive on 29 Man, 1955, and that death occurred at	man'	
SIGNATURE		SIGNED
	- III	6
P. OVI Ma as	- Willow Ill Yhall no	hada ( 1-
	o. Pikesville 8 mg 29	mars 5
	RY OR CREMATORY   LOGATION (Gity, town, or co	
23 BURIAL CREMATION   DATE THEREOF - NAME OF CEMETE	- 0 - 0 - 0 - 0	
Pa OXI Kanas	a Wibarerille & had a a	hada

RUREAU V. E.

VS. A15

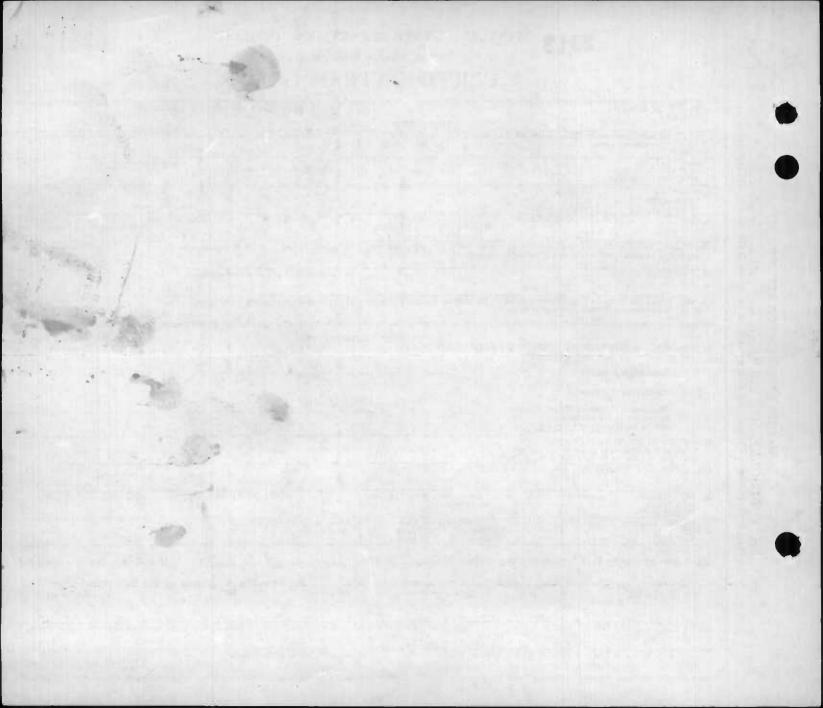
#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore CERTIFICATE OF DEATH

Reg. Dist. No. 4/

02312

1. PLACE OF DEAT	H- Baltimore	MARYLAND	2. USUAL RESIDENCE (H STATE Maryla	- 0	COUNTY Balto.
OR give nearest	orporate limits, write RURA	LENGTH OF STAY (in this place)	CITY (If outside corpora OR DUNCA)	Lk - 22	53
INSTITUTION OF STREET ADDRE	R 1827 East	Avenue - 22	STREET ADDRESS 7115 H	Holapira Av	enue
3. NAME OF DECEASED (Type or Print)	(First) CHARLES	(Middle) KARL B	(Last) ORMAN	4. DATE (Mon OF DEATH Marc	(
5. SEX Me le	6. COLOR OR RACE White	7. SINGLE, MARRIED,		9. AGE last birthday   I	If under I year If under 24 hrs. Months. Days Hours Min.
done during most of v	ATION (Give kind of work corking life, even if retired)	10h. Kind of Business on Industry retired.	11. BIRTHPLACE (State or Poland		12. CITIZEN OF WHAT COUNTRY?
12. FATHER'S NAM		nan	Not Known.	NAME	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	Mrs. John Mi		1827 East Ave
I. DISEASES OR CO	ONDITIONS DIRECTLY	18. MEDICAL CE LEADING TO DEATH	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
592 Immediat		arteriorel	ero Tie Heur	t Diseu	2 6 mo.
Diseases or	nt cause(s) conditions, if any, (b)	Chronic -	nephritis		6 mo.
stating the	to the above cause underlying cause last (c)	<u>1</u>			
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h.		1788	
		INDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLACOF	CE (Home, farm, factory, street, office bidg., etc.)	(CITY OR T	OWN) (CO	UNTY) (STATE)
	(Day) (Year) (Hour)	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	CUR?	
22. I hereby certify that I attended the deceased from Lagaran, 1954, to Man. 2, 1955, that I last saw the deceased					
alive on?	1. arch 2, 1954, an	d that death occurred at	ADDRESS from the	causes and on the	late stated above.  DATE SIGNED
Engene CREM	7 News	MaD. 70.	01 Mornin a	Lora Rd D OCATION (City, town,	undalh. Md
23. BURIAL, CREM REMOVAL (Spe- DUTIA)	LOCAL   REGISTRAR'S	1955 1st United	/1/	Baltimo	re, Maryland
DATE REC'D BY REG. 3-2-	55 au	Vale	H. SANDER & S	ONS, INC.	Can to Munder
			Balto., Mu.	//	1



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of death clearly and legibly.

the causes

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Physicians:

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13 OR age

correct

TYPE

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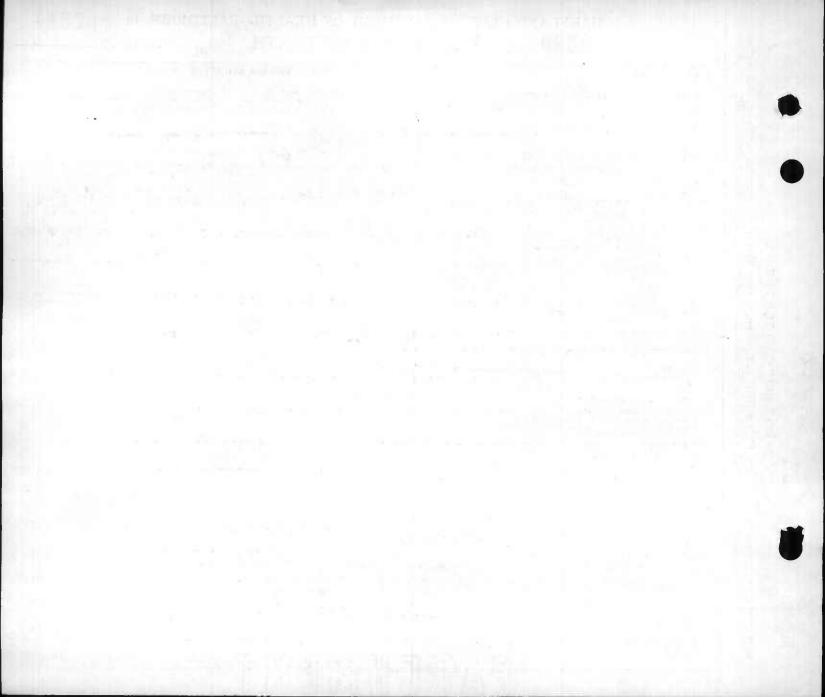
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MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18 02313		
CERTIFICATI	E OF DEATH Reg. Dist. No.		
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore		
CITY (If outside corporate limits, write RURAL on this place)  52TOWN Catonsville Weeks	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN TOWSON, Maryland		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hosp	ADDRESS 9 Linden Terrace		
	(Last)  A. DATE (Month) (Day) (Year)  OF March 27  DEATH: 19		
Female Caud. Specify): Married, 8. Date (Specify): M 9-17-	-1866  9. AGE last birthday 10 ONDER 1 YEAR 15 UNDER 24 HRS.  Nonths Days Hours Min.		
OR INDUSTRY:  even if retired): (Give kind of 10s KIND OF BUSINESS OR INDUSTRY:	Maryland (State or foreign country): 12. CITIZEN OF WHAT		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Henry L. Bowen	Mary Parks Bowen		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Henry L. Parlette Falls Road, Upperco, Md.		
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION INTERVAL BETWEEN		
334X	ONSET AND L'EATH		
	ory failure minutes		
ANTECEDENT CAUSE (S)			
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) Cerebral arterioscelrosis years  DUE TO			
(c) Generalized	Arteriosclerotic vasqular disease		
other significant conditions contributing Diarrhea of unknown cause; pyuria diarrheal to the disease or condition causing death, and azotemia of undetermined cause in hrs prior			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	to dea trag. Autorsy?		
none	YES NO X		
21A. ACCIDENT WAS UNDERLYING \( \) 21B. PLACE (Home, farm, factory. OR CONTRIBUTING \( \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) (State)			
OF INJURY  OE INJURY  OE INJURY  OE INJURY  OCCURRED  While Not while at work	2 IF. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Jan 31, 1955 to March 2719 55 that I last saw the deceased			
alive on March 2719.55, and that death occurred at 1 a.M. from the causes and on the date stated above.  SIGNATURE  DATE SIGNED			
21- BURIS & VOREMATION DATE THEREOF NAME OF CEMETE	D. Spring Grove State Hosp. 1-27-55  HY OR CREMATORY   LOCATION (City, town, or county) (State)		

EMOVAL REGISTRAT'S SIGNATURE

ADDRESS DATE PEC'D BY LOCAL REGISTRAR

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02315

2340 CERTIFICATE OF 1	D	DE	ATH
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	_			3/
Reg.	Dist.	No.	3	/

2340	CERTIFICATE OF	DEATH Reg. D	ist. No. 3/
1. PLACE OF DEATH:	2. USUA	L RESIDENCE (HOME) OF DECEASED	± •
COUNTY Balting	AND WINDWAND	Manuland	B- 1+
CITY (If outside/corporate limits, wr	THE RURAL LENGTH OF STAY CITY	(If outside corporate limits, write RURA)	UNTY 2 //o.
OR and give hearest town	(in this place) OR	0 1 0 1	t v
HOSPITAL OR	Tmos. STRE	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ion)
INSTITUTION OR STREET ADDRESS 2009 / /	ayers Terrace. Tr	ettypox Dam R	d.
3. NAME OF DECEASED: (Type or Print)	(Middle) Brue, h	DATE (Month) (	Day) (Year) 19 3 5.
5. SEX:   S. COLOR OR   7. SIN	NGLE, MARRIED, 8, DATE OF BIRTH		
Male White sp	Mildowed. Dept. 10	/863. 8 / yrs.	,
10a. USUAL OCCUPATION Give kind of work done during most of working life	10b. KIND OF BUSINESS OR 11. BIR	THPLACE (State or foreign country):	2. CITIZEN OF WHA!
even if retared ymer	Own Farm. 10	utler, //)d.	G. J.A.
13. FATHER'S NAME:	14. MOTH	ER'S MAIDEN NAME:	
George Bri	uehl.	becca /teyn.	
15 WAS DECEASED EVEN IN U.S. ARMED FORCE (Yes, no, 40f unk.) (If Yes, give war or dates	ES? 16. SOCIAL SECURITY No.: 17. INFORMA	NT & ADDRESS:	
// service)			
	18. MEDICAL CERTIFICATION		Interval Betwee
1. DISEASES OR CONDITIONS DIRECT			Onset And Deat
450.0 Immediate cause	(a) Cardio vascular di	sease	2 7
	UE TO		32.
Diseases or conditions, if any,	(b) Arterio sclerosis		?
giving rise to the above cause stating the underlying cause last. DU	UE TO		A A TOTAL
	(c)		
<ol> <li>OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but</li> </ol>	it not		
related to the disease or condition caus  19a. DATE OF OPERATION: 19b. MAJ	ing death.		20. AUTOPSY ?
TOUR DATE OF OF BREAKION.	OR PINDINGS OF OTERATION		Yes No
21. ACCIDENT (Specify)   PI	LACE (Home, farm, factory, street.) (CIT)	OR TOWN) (COUNTY)	(STATE)
SUICIDE	JURY office bldg., etc.)		
TIME (Month) (Day) (Year) (Hour, OF		ID INJURY OCCUR?	
INJURY m			
22. I hereby certify that I attended	the deceased from Feb. 19 5	to Marc. 8, 19.55, that I la	st saw the deceased
alive on Mar. 7, 19 555 an	nd that death occurred at 7:45	AM, from the causes and on the da	te stated above.
SIGNATURE OF LAND	(Degree or title)	ADDRESS	DATE SIGNED
THUE & UNEW		arrison Blvd. 3/8	
23. BURIAL, CREMATION, DATE THE REMOVAL (Specify)	11 10 11 /1	+ D 1+ D	county) (State)
DATE REC'D BY LOCAL REGISTRA	R'S SIGNATURE OF MELOC	melery larklon, Sal	O. Co. Md.
REGISTRAR W-52 Rech	1834 rell Livan	In the land lain Hour F	rendom to
			MANAGER PRODUCTION

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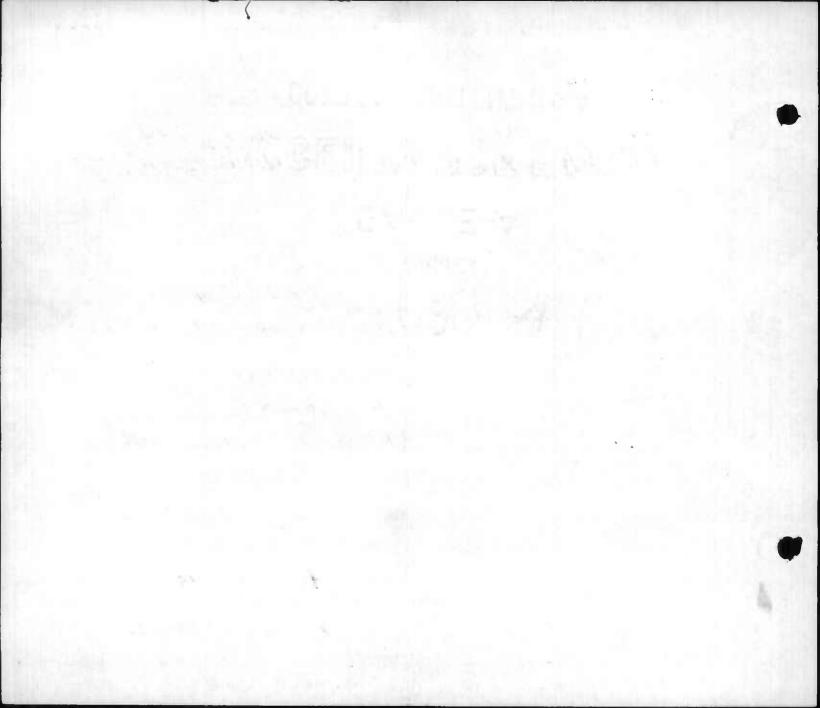
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BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2316 2341 CERTIFICATE OF DEATH Reg. Dist. No. 3/

J.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
legibly	COUNTY BALTIMARE MARYLAND	STATE MARYLAND COUNTY BALT	<b>ぴ</b> .
i le	OR and give nearest town). CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and	X TOWN RURAL - WOODLAWN 73/RS.	TOWN RURAL - WOODLA	WN X
clearly	HOSPITAL OR INSTITUTION OR STREET ADDRESS /9/9 GWINN BAK AYE.	STREET (If rurai give iocation) ADDRESS	AVE.
	or round or	Last) 4. DATE (Month) (I	Day) (Year)
death	(Type or Print) RHODA LOUISE BU	CKARIT DEATH: 3, 3	1955
of	5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE WIDOWED DIVORCED, (Specify): WIDOWED 3/2	9. AGE last birthday IF UNDER 1 Y Months D	Bays Hours Min.
causes	work done during most of working life, even if retired): HOUSEWORK	II. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
e	WILLIAM COMPTON	KATHERINE SEHAMNESY	
write	18. WAS DECEASED EVER IN U.S. ARMEO FORCES!  (Yes, no, or unk.) (If Yes, give war or dates	7. INFORMANT & ADDRESS:	
Se	of service)	A DAUGHTER = MICORED F	ONTE
pleas	18. MEDICAL CERTIFICAT	ION	INTERVAL BETWEEN
d	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4 - 6	ONSET AND DEATH
18:	IMMEDIATE CAUSE (A) CEREBRA	L APOPLEXY	I WEEKS.
Physicians	ANTECEDENT CAUSE (8)	41	
ysı	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	MELLITUS	
Ph	STATING UNDERLYING CAUSE LAST.	WH CARRELLA AD Alsean	
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	IVE CARDIO VASCULAR DISERSG.	1
important.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
npo	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	V	20. AUTOPSY?
1.7			YES NO
especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact		(State)
eci	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		
is esp	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While While at work at work	21F. HOW DID INJURY OCCUR?	
90	22. I hereby certify that I attended the deceased from 3/5.	, 197, to 3/30, 197, that I last	saw the deceased
ø	alive on 3/29, 1953, and that death occurred at	2.201. M, from the causes and on the date:	stated above, TE SIGNED
correct	Edwin Herbert M	D. 9204 LIBERTY Rds, BALT	0. 7. Mds.
60	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or	county) (State)
	Burial 4-2-1955 Woodlawn	Woodlawn	Md.
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	G. Howard Strong 3207 W. NO	ADDRESS ORTH AVE.
. /	action ( Kettle / VIV & sul	LOTTIONAL OUT OTHE ONO! HELD	/ 5 t de 5 L



)	WRITE
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	TYPE
	LEASE

2342	CERTIFICATE	OF DEATH	Reg. Dist.	No. 3 7
1. PLACE OF DEATH:		2. USUAL RESIDENCE	HOME) OF DECEASED	:
COUNTY 190 Stemers-	MARYLAND	STATE Made	COUNTY	
CITY (If outside corporate limits, write	RURAL LENGTH OF STAY	CITY(If outside corporate	limits, write RURAL an	nd give nearest tow
X TOWN ochsensville	7 mg - 7 Mg	TOWN Igal	temore	3101-
HOSPITAL OR INSTITUTION OR ASTREET ADDRESS	the Park	STREET ADDRESS 2 2 2	(If rural give location)	1. 1
Marine	(Middle)	Last) 4.	DATE (Month) (D	(Year)
3. NAME OF DECEASED: (Type or Print)	Bus	Coley	OF DEATH MARK	14 195
5. SEX:  6. COLOR OR  7. SINGL	VED DIVORCED	OF BIRTH: 9. AGE I	ast birthday IF UNDER 1 YE Months   Da	
OA. USUAL OCCUPATION (Give kind of 1	OB. KIND OF BUSINESS	11. BIRTHPLACE (State or	foreign country): 12.	CITIZEN OF WH
work done during most of working life, even if retire to the control of the contr	OR INDUSTRY:	Baltimor	e Bu	La Co.
13. PATHER'S NAME:	2.	14. MOTHER'S MAIDEN	NAME:	
indocker Halel	15 SOCIAL SECURITY NO.	17. INFORMANT & ADDR	ESS. D	
(Yes, no, or unk.) (If Yes, give war or dates of service)		Laura M.	Schwed	
	18. MEDICAL CERTIFICATI	19N		INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY	Y LEADING TO DEATH			ONSET AND DEA
11221	M. Karia DA	Printer Parties va	wedlan know	TILVE
IMMEDIATE CAUSE	DUE TO	elistulardis oc		1417
ANTECEDENT CAUSE (8)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
	(C)			
II OTHER SIGNIFICANT CONDITIONS OF TO THE DEATH BUT NOT RELATED TO DISEASE OF CONDITION CAUSING	THE COLORAD	Varenter acc	dut	alout
	R FINDINGS OF OPERATION			20. AUTOPSY
				YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, fact. OF INJURY street, office bldg.,	ory, 21c. WHERE DID (Circle) etc. INJURY OCCUR?	ty or town) (County	y) (State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work	21F. HOW DID INJURY	OCCUR?	44/4
22. I hereby certify that I attended		1. 10 47 to MAN/	4195.5 that I last	saw the deceas
alive on Man. 13, 1965, as		200	/	
SIGNATURE Me lis J. Mus		ADDRESS	Marille S	e signed 3/14
23. BURIAL, CREMATION. DATE THER			CATION (City, town, or	county) (S)
3/16/3	5 Youder	· 1/R 7	Daltima	e mo
DATE REC'D BY LOCAL RESISTRAR	SSIGNATURE	24. FUNGRAL DIRECTO	THE PORT	ADDRESS

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BUREAU V. S.

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DATE REC'D BY LOCAL

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2343 CERTIFICATE OF DEATH

Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED Baltimore Maryland COUNTY STATE MARYLAND CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR and give nearest town) 1 yr. 35 mo. OR TOWN Owings Mills Aberdeen HOSPITAL OR INSTITUTION OR STREET (If rural give location ADDRESS STREET ADDRESS Rosewood State Training School 156 Osborn Road 3. NAME OF (Last) (DRY) (Year) (Middle) DECEASED Scott Braidwood Bumgarner (Type or Print) DEATH: 8. DATE OF BIRTH: 5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 9. AGE jast hirthday: IF UNDER 1 YEAR | iF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, (Specify): male white single 10a. USUAL OCCUPATION. Give kind of 12. CITIZEN OF 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): COUNTRY? work done during most of working life. INDUSTRY: even if retired): U.S.A. Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Margaret Mears Russell C. Bumgarner 15 WAS DECEASED EVER IN U.S. ARMED FORCES ! 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of service) Hospital Records 18. MEDICAL CERTIFICATION Interval Between 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Bilateral chronic interstitional pneumonitis 2 weeks Immediate cause DUE TO Antecedent causes (s) Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. birth Most severe internal hypertensive hydrocephalus 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION Yes 😭 No 🗌 ACCIDENT (COUNTY) (STATE) PLACE (Home, farm, factory, street, (CITY OR TOWN) (Specify) SUICIDE office bldg., etc.) HOMICIDE (Day) (Year) (Hour) HOW DID INJURY OCCUR? INJURY At Work 12/10/,19 53, to 3/28/ 19 55, that I last saw the deceased 22. I hereby certify that I attended the deceased from ... and that death occurred at 10:45 a.m. from the causes and on the date stated above. (Degree or title) ADDRESS 3/29/55 Owings Mills BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) REMOVAL (Specify) APPRESS

FUNERAL DIRECTOR

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substitute the state of the state of

BUREAU V. S.

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DECENTED

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

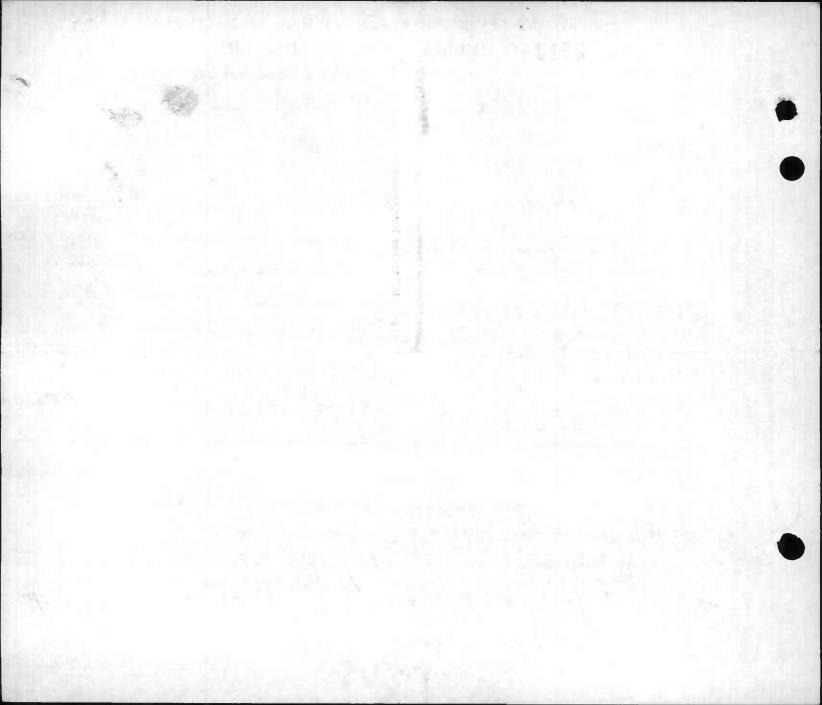
2313

#### CERTIFICATE OF DEATH

Reg. Dist. No.

	iteg. Dist.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
county Baltimore MARYLAND	STATE Maryland COUNT	гу
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) TOWN Dundalk		d give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2980 Cornwall Road	STREET (If rural give location) ADDRESS 3006 White Ave.	1
	(Last) 4. DATE (Month) (Day) OF DEATH: March 16,	19 55
Temale White Widowed, Divorced, (Specify): Married Sept.		ys Hours Min.
even if retired): At home		U.B.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
George Jones	Don't know	
15 WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY No.: 17. (Yes, no, or unk.) (1f Yes, give war or dates of No.   service)   18. MEDICAL CERTIFICATI	Mrs. J. Stephenson 2980 Cornwall	oad
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  DUE TO  (b)  DUE TO	alerosis heart direise	Hoger
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE  (Specify)  PLACE (Home, farm, factory, street, office bldg., etc.) 1NJURY	t, (CITY OR TOWN) (COUNTY) (ST	TATE)
TIME (Month) (Day) (Year) (11our) INJURY OCCURED  OF 1NJURY m. Work  At Work	110W DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-12 alive on 3-15, 19.5.2 and that death occurred at	1955, to 3-16, 1955, that I last so the	stated above. TE SIGNED  MA 3-7-5
DATE REC'D BY LOCAL RECYSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR Ullrich Funeral Home 2112 Dundalk	ADDRESS Ve. 22

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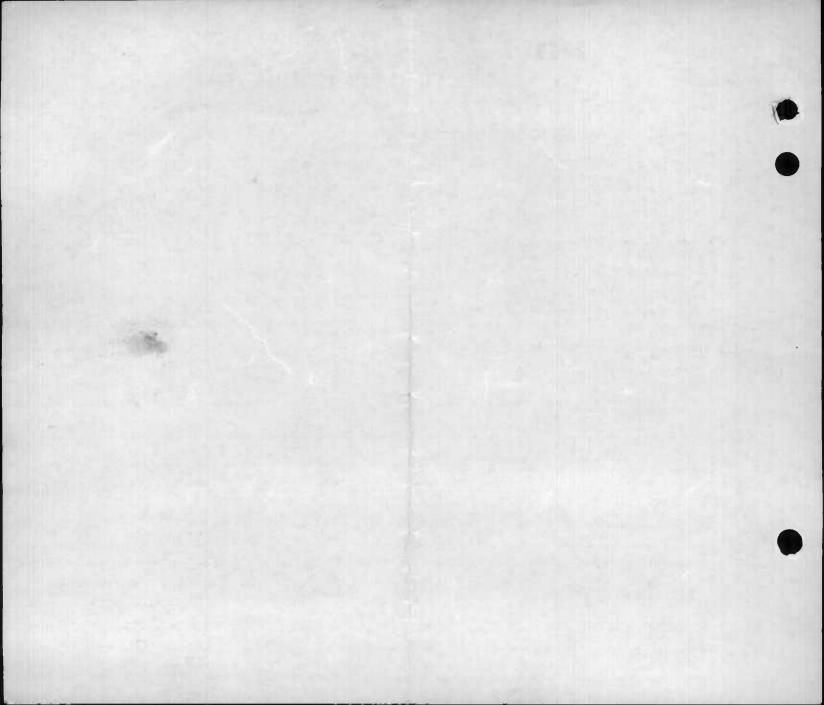
## MARYLAND STATE DEPARTMENT OF HEALTH 2344

2411 N.

CERTIFICATE OF DEATH

TE DEPARTMENT OF	HEALTH	02321
Charles Street, Baltimore		(inout

Items 8.9.FilmG180 4-25-55 et	Reg. Dist. No	Ja
1. PLACE OF DEATH. D Salto. Co.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	0.00
MARYLAND	- may	Succes
CITY (If outside corporate limits, write RURAL and LLNGTH OF STAY OR give nearest town)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN HOSPITAL OR	STREET (If rural give location)	X
INSTITUTION OR STREET ADDRESS	ADDRESS dyde Park Md	
3. NAME OF (First) DECEASED (Type or Print) DECEASED (Type or Print)	(Last) 4. DATE (Month) OF DEATH MAD. 19	(Day) (Year)
6. COLOROR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MODILE	S DATE OF BIRTH 9. AGE last birthday If under Months	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during meet of working life, even if retired) Impustry		CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
15. WAS DECRASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO.	17. INSPRIMANT (AND ADDRESS)	4.0
(Yes, no, or unknown) (If yes, give war or dates of service)	Fellianelosldwell Hyde (	Park Md
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
148 Immediate cause (a) A pluggi	ia.	1.25.
Antecedent cause(s) Diseases or conditions, if any, (b).	na of plany with	
giving rise to the above cause stating the underlying cause last	notastuses	7 705
II. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes   No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	TT 3/	
22. I hereby certify that I attended the deceased from	19. , to	aw the deceased
alive on, 1933, and that death occurred at	ADDRESS	
SIGNATURE (Degree or title)	Eastern we East, and.	DATE SIGNED
PEMOVAL (Specify) (M. OLABIATE & L. T	RY OR CREMATORY LOCATION (City, town, or count	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNERAL PIRECTOR	ADDRESS
2-10 SI Now Grand	MINE DUODOR 110 HOSIDA PALLERS	mulark
Over		ave



VS.

MARYLAND STATE DEPARTMEN	UN	2322
2345 CERTIFICAT	E OF DEATH Reg. Dist.	No. 44
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTO: MARYLAND	DAMA D	TY BALT U.
CITY (If outside corporate limits, write RURAL LENGTH OF STA OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL an	d give nearest towr
X TOWN EDGEMERE (19) // YUS.	TOWN EDGEMERE (19)	X
HOSPITAL OR INSTITUTION OR	STREET (If rural give location)	1
STREET ADDRESS 2331 RUTH AUE	2331 KUTH AVE.	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print)	ARLE DEATH: /YARCH	19,5,5
RACE: WIDOWED, DIVORCED,	9. AGE last birthday: If UNDER 1 YE Months Da	
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS	OR   II. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WHA
work done during most of working life, even if retired): STUDENT		OUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	Visit
WILLIAM CARLE	ANNA SCHENK	
15 WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No.:   I	7. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	NM. CARLE- SAME ADDRES.	5
18. MEDICAL CERTIFICA	TION	Interval Between
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Onset And Des
196x Chondrs-m	1950 - Sar coma - libia (6)	1 year
Immediate cause  DUE TO		
Antecedent causes (s) Diseases or conditions, if any,		
giving rise to the above cause		
Stating the undersying court and.		
(c) 11. OTHER SIGNIFICANT CONDITIONS		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
7 Eb 1954 Chordes mysto St		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm factory, street, OF office bldg., etc.)	cet, (CITY OR TOWN) (COUNTY) (S	TATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
OF While at Not While INJURY m. Work At Wark	HOW DID INJURI OCCUR.	
	1 19 54, to March, 195 J, that I last	saw the decease
10	. 18	
alive on Manual 1, 19 J., and that death occurred at SIGNATURE (Degree or title)	, from the causes and on the date a	TE SIGNED
Alexander m.1. 5	-20 DSF - DF-15	3.10.55
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or con	unty) (State)
	AWN BALTO, CUI md	e
DATE REC'D BY LOCAL ACTOSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

SECEIVED MAR 17 1955

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2346

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No....

The	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
	WARYLAND MARYLAND	MARYLANG	122 .
ully bly.	CITY (If outside corporate limits, write RURAL and LENGTH OF STAY on this flate) TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this flate)	CITY (If outside corporate limits, write RURAL and give nearest OR TOWN PAR R VILLE	town)
egi	HOSPITAL OR	STREET (If rural, give location)	7
nd l	INSTITUTION OR STREET ADDRESS 3/1/1 E JOPPA Rd	ADDRESS 3117 E JOPPA Rd	
rly a	3. NAME OF (First) (Middle) DECEASED (Type or Print)	(Last) 4. DATE (Month) (Day) OF DEATH MARCH	(Year) 3 1951
nform clea	6. COLOR OR RACE 7. SINGLE, MARKED, W. (Specify) (Specify)		under 24 hrs.
every item of information carefully e causes of death clearly and legibly.	10a. USUAL OCCUPATION (Give kind of work done during most of working, life, even if retired)  10b. Kind of Business or Industry  10c. Kind of Working Industry  10c. Kind of Business or Industry  10c. Kind of Working Industry  10c. Kind of Business or Industry  10c. Kind of Working	II. BIRTHPLACE (State or foreign country)  12. CITIZEN COUNTRY	OF WHAT
s of	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ry i	Thomas CARNEY	MARY MEDERMOTT	
e ca	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, programknown) (If yes, give war or dates of 2/2-0/-6/795) (Service)	17. INFORMANT / Cecelia CARNEY 3119 E Jop	an 21
oly th	18. MEDICAL CE		7.0
Supply e write th	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		L BETWEEN
IK.	Immediate cause (a)		PA I 24 244 wedness sees ook out
G IN	Antecedent cause(s) Diseases or conditions, if any, (b)	yocardilis and.	7 A 9 \$400 A 7 \$400 A A A A A A A A A A A A A A A A A A
UNFADING INK.	giving rise to the above cause stating the underlying cause last  (c)	gestive Failure	
NFA	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
nt.	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
E tr		Yes	
Wimpo	2I. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (ST	CATE)
NLY	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
PLAI	22. I hereby certify that I attended the deceased from John	1953, to Morch, 1955, that I last saw the	deceased
WRITE PLAINLY, WITH U	alive on	ADDRESS, from the causes and on the date stated about the date sta	ve. SIGNED
	Trank . Tasek, A. M. D. 90	305 Hurford Rd. 3/15/55	
PLEASE	23. BURIAL, CREMATION DATE THEREOF NAME OF COMETE REMOVAL (Specify) 3 / 6 / 95	RY OR CREMATORY LOCATION (City, tawn, or county)	(State)
PLE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. May. 15, 1955 March C. May	Chas F Evans + Son, ADDR	ESS
		8802 HARFORD Pd	

The correct age

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAR 16 1955

DE CEIN EU

OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

PLEASE TYPE

## 02324 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2347 CERTIFICATE OF DEATH

CERTIFICATE OF DEATH

Reg. Dist. No. 30

	the same and the s
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Balto. MARYLAND	STATE Md. COUNTY Haltimore
CITY (If outside corporate limits, write RURAL on and give nearest town)  STOWN  Catonsville	OF STAY   CITYIII outside corporate limits, write RURAL and give nearest town
House in the Pines to Fusting Ave.	STREET (If rural give location)  1824 Park Ave.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) LOTTIE PACE	CAROTHERS DEATH: Mar. 8, 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED. DIVORCED. (Specify): married	July 24, 1877  9. AGE last birthday   F UNDER 1 YEAR   F UNDER 24 HRS.   Months   Days   Hours   Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	INESS   II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John R. Pace	Sallia Hamanan
S. WAS DECEASED EVER IN U.S. ARMEO FORCES? 18. SOCIAL SECURIT	Sallie Hagerman
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Joseph H. Carothers - 1824 Park Ave.
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	terminal congestive failure
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	PERATION
138. MAJOR PINDINGS OF OF	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory, 21c. WHERE DID (City or town) (County) (State) ffice bldg., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OF INJURY M. 21E INJURY OF While Not at work at w	while
alive on 3. 7. , 1955, and that death occurring to the sign of the	urred at 4.3 PM, from the causes and on the date stated above.  ADDRESS  M. D.  F CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIFY)	nhill Cem. Danville, Va.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR 9-55 V.E. Harry	Jen Funeral Differtory Sour = Ratho 17



BUREAU V. S.

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REGISTRAR

4-4-51

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Physicians:

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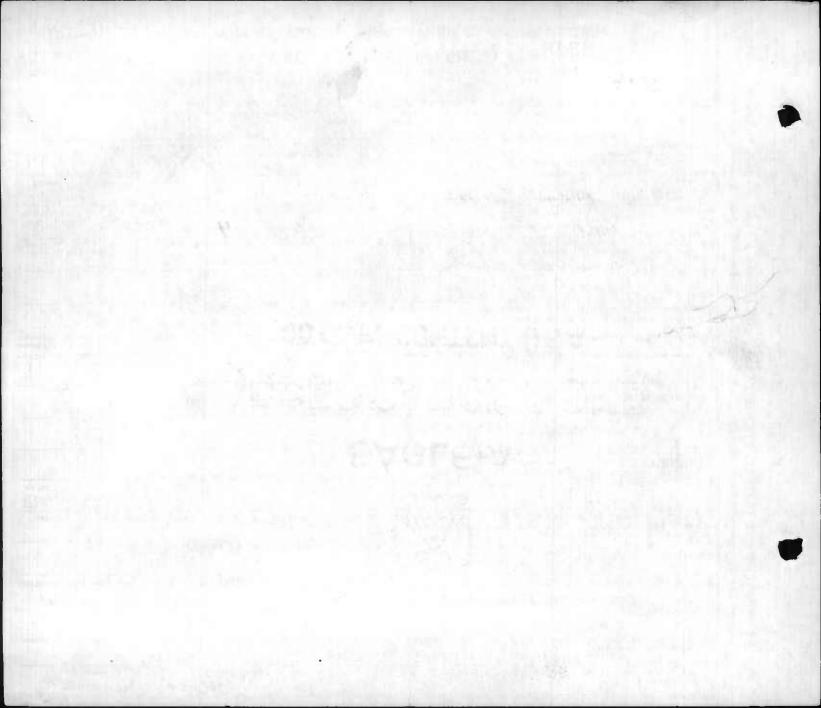
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VS.

MADVI AND COLUMN DED ADDRESS.	TO OF WEATHER DATES AND A	02325
MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18	02025
2348 CERTIFICATE	E OF DEATH Reg. Dist	. No. 3
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Ballings MARYLAND	STATE 2nd COUNTY	Botto
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN  CITY (If outside corporate limits, write RURAL (in this place)  (in this place)	CITY(If outside corporate limits, write RURAL a	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Swith Carl	STREET (If rural give location)	1
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (	Day) (Year)
DECEASED:	erter DEATH: Marc	4 3/ 1955
5. SEX:   16. COLOR OR   7. SINGLE, MARRIED.   18. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1	
717 700	24/870 69 yrs.	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired);	11. BIRTHPLACE (State or foreign country): 12.	COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	nsa.
William Garaler	man Bothoff	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? VIG. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	1 0.1
(Yes, no, or unk.) (If Yes, give war or dates of service)	Im Wilson H Carter, Seven hu	Tane Tillswill
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
2 2 1 ×		ONSET AND DEATH
IMMEDIATE CAUSE (A)	had Haseella accident	4 days
ANTECEDENT CAUSE (S)	goldension	0
DISEASES OR CONDITIONS, IF ANY, (B)	upletension	3 425
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	· ·	20. AUTOPSY?
		YES NO V
21a. ACCIDENT WAS UNDERLYING ☐ 21B. PLACE (Home, farm, fact OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1.8.03	19.5% to 3/ 19.5% that I last	saw the deceased
alive on 30 han, 1953, and that death occurred at SIGNATURE		stated above. re signed
7550	D. Fikleville 8 hg 3.	county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	ENT ON CREMATORY LOCATION (City, town, or	county) (State)

23. BURIAL, REMOVA Burial Druid Ridge Cem. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

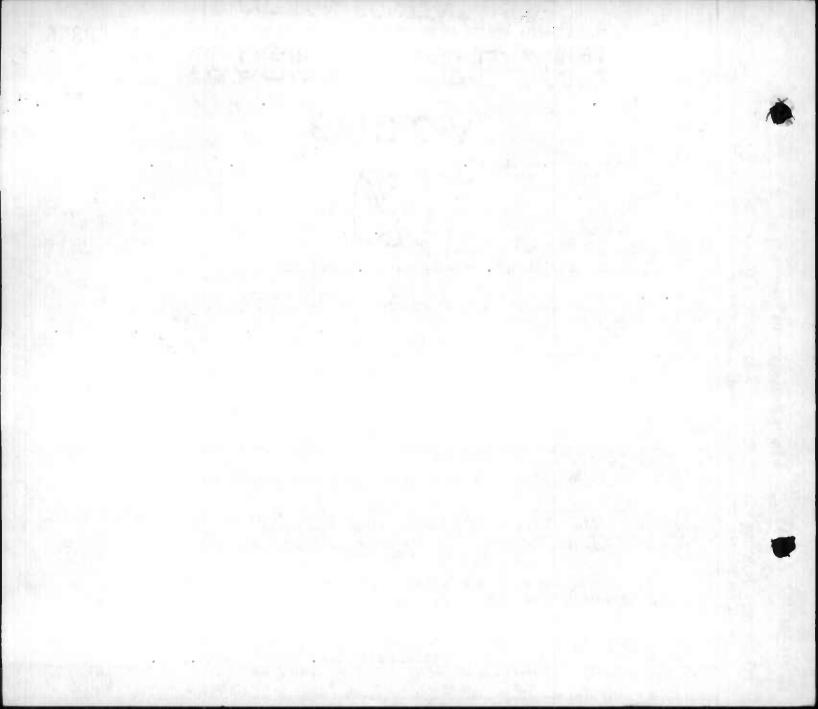
FUNERAL PIRECTOR



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMO	RE,	18	02326
2349		STITELCATE					3

1. PLACE OF DEATH:	TE OF DEATH Reg. Dist	. No.
	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
county Balto. MARYLAND	STATE Md. COUNTY	Balto.
CITY (If outside corporate limits, write RURAL of some sive nearest town)  TOWSON  CITY (If outside corporate limits, write RURAL (in this place))  CITY (If outside corporate limits, write RURAL (in this place))	STAY CITY(If outside corporate limits, write RURAL a	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 505 W. Joppa Rd.	STREET (If rural give location) ADDRESS 505 W. Joppa Rd.	1
(Type or Print)	CLARKE OF Mar.	Oay) (Year) 21, 1955
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. 8. E WIDOWED, DIVORCED. (Specify): married De	DATE OF BIRTH: 9. AGE last birthday IF UNDER I	ays Hours Min.
work done during most of working life, even If retired):  Commercial Agt Telephone	SS	CITIZEN OF WHAT
13. FATHER'S NAME: Wm. J. Clarke	Co Maryland 14. Mother's Maiden NAME: Mary MacKenzie	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Leona E. Clarke-505 W. J.	oppa Rd.
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	RRHAGE, Cerebral acterial  RTENSION, actorial	4 years
TO THE DEATH BUT NOT RELATED TO THE		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ATION	20. AUTOPSY7 YES NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION: 21B. PLACE (Home, farm	n, factory, 21c. WHERE DID (City or town) (Count	YES NO NO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPER.  21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm or Contributing 21B. CAUSE OF DEATH OF INJURY street, office	n, factory. 21c. WHERE DID (City or town) (Count bldg., etc. INJURY OCCUR?	YES NO

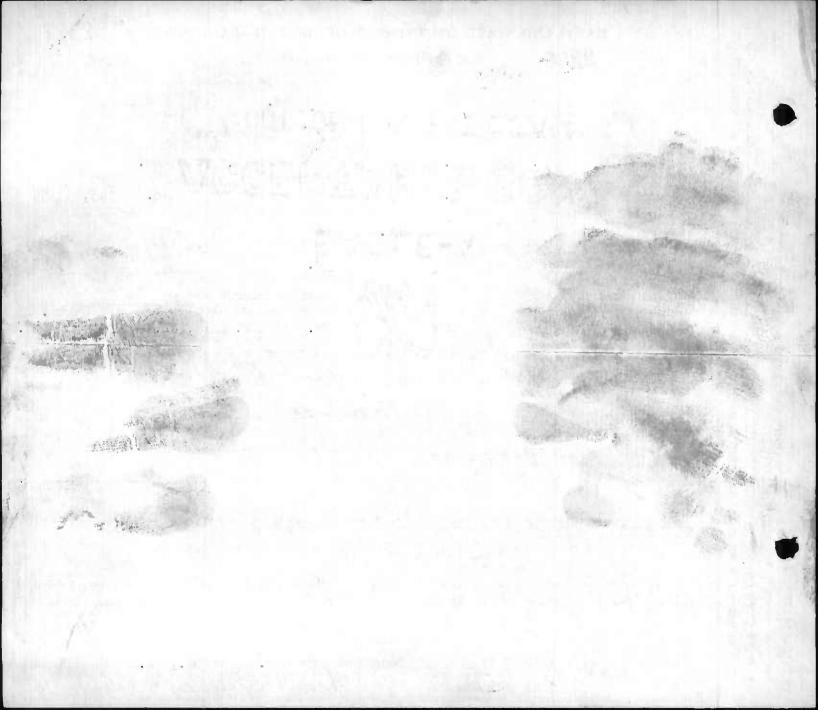


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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

23	50	CERTIFICATE	OE	DEATH
60	211	CENTIFICATE	UF	DEALB

2000	OZ ZOZIZZZZ
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL or and give nearest town)  TOWN Rogers Forge	CITY(If outside corporate limits, write RURAL and give nearest town or TOWN Rogers Forge
HOSPITAL OR INSTITUTION OR STREET ADDRESS 211 S. Tyrone Rd.	STREET (If rural give location) ADDRESS 211 S. Tyrone Rd.
	OLE OF Mar. 15, 19
RACE: WIDOWED, DIVORCED.	9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24 HRS 5, 1867   87 yrs.   Months   Days   Hours   Min
work done during most of working life, even if retired):  HOUSEWISE IDEA NOT BUSINESS OR INDUSTRY:  at home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Nichols Tillman	Matilda Storck
(Yes, no, or unk.) (If Yes, give war or dates of service) (18. Social Security No.	Mr. Edwin T. Cole, JrTidgemede Apts
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. (B)	ardiae Railure
STATING UNDERLYING CAUSE LAST.  (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, etc. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (SPECIFY)	7:39. M, from the causes and on the date stated above.  ADDRESS
REGISTRAR JOHN SERVER	JAM. L. SIAMMEN & Spir- Pareto!



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

OR WRITE PLAINLY, WITH

TYPE

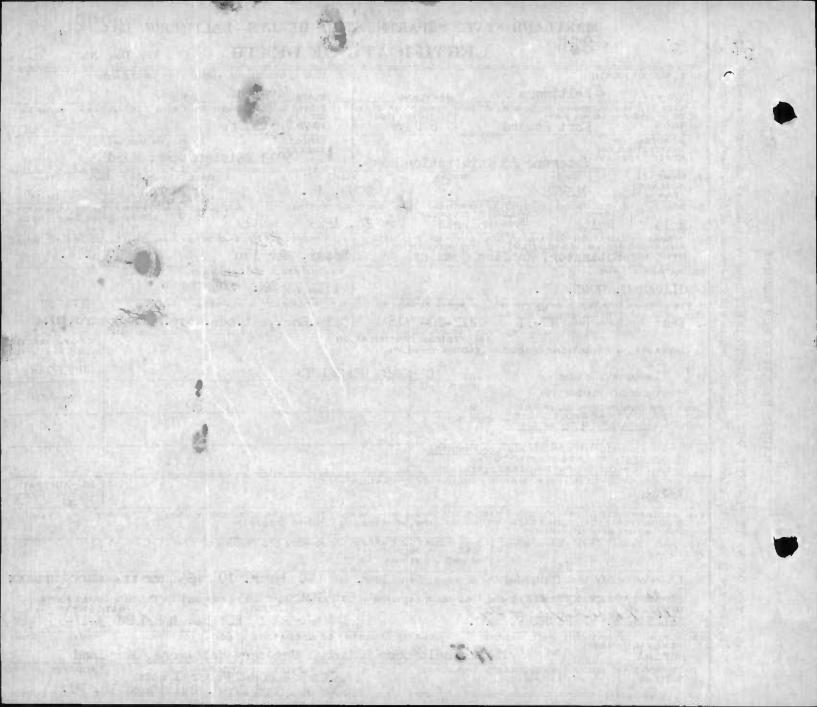
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Supply every item of information carefully.

	MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALT	IMORE,	11)2328
	2351	CEI	RTIFICATE	OI	F DEATH	Reg.	Dist. No.
OF DE	ATH:			2. U	SUAL RESIDENCE (HOM	E) OF DEC	EASED:

CERTIFICAT	E OF DEATH Reg. Dist	t. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D;		
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY			
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY(If outside corporate limits, write RURAL	and give nearest town)		
OR and give nearest town) Fort Howard 6 Days	TOWN Baltimore	3 Vo 1-4		
HOSPITAL OR INSTITUTION OR	STREET (If rural give location			
SOSTREET ADDRESS Veterans Administration Hosp.	ADDRESS 13 Reisterstown, Road	1		
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (	Day) (Year)		
(10)	DEATH	19 55		
RACE: WIDOWED, DIVORCED.	9. AGE last birthday IF UNDER 1  9. AGE last birthday Months 1	Days Hours   Min.		
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT		
work done during most of working life. OR INDUSTRY: even if retire Estimator, Roofing Company	Essex, Maryland U.	COUNTRY		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:			
OLIVER C. CONN, SR.	LILLIAN MN: SCHMIDT	*		
15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:			
Yes no, or unk.) (If Yes, give war or dates of service) WW-IT 212-20-7718	Clin.Rec., Vet.Adm. Hosp. Fort Howard, Md.			
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN		
FOO X		ONSET AND DEATH		
MMEDIATE CAUSE (A) CHRONIC N	EPHRITIS	UNKNOWN		
ANTECEDENT CAUSE (S)				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO				
(C)		25 1 (10) 2 (1)		
IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	SELECTION OF THE PARTY OF THE P			
DISEASE OR CONDITION CAUSING DEATH.		• 1		
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	DN .	20. AUTOPSY?		
		YES NO		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Coun INJURY OCCUR?	ty) (State)		
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F, HOW DID INJURY OCCUR?  While Not while at work at work				
22. I hereby certify that Exattended the deceased from Mar	1 165 to Mar. 10 165 energia	COOCDOODOO		
xity converges and that death occurred a	t5:45PM, from the causes and on the date	stated above.		
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEME	TERY OR CREMATORY   LOCATION (City, town, o			
Burial MAR. 14, MS Baltimore N	ational Cemetery Baltimore, Mar	yland		
DATE RECID BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	Wm.Cook-Blight Funeral Home 6009 Harford Road, Baltimore	ADDRESS		
	Control of the contro			



BY LOCAL

REC'D

Mardela Springs, Maryland

Arlington S. Phillips Funeral Home

1808 N. Monroe St. Baltimore 17. Md.

The

of death clearly and legibly. Supply every item of information please write the causes INK. UNFADING Physicians: important. PLAINLY especially WRITE OR correct age TYPE

PLEASE

Released at Baltimore,

A15

MARGIN RESERVED FOR BINDING

1. PLACE OF BEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Wicomico
CITY (If outside corporate limits, write RURAL CITY of and give nearest town)  TOWN Fort Howard  LENGTH OF STAY (in this place) 51 Days	CITY(If outside corporate limits, write RURAL and give nearest to OR TOWN Mardela Springs 22X-
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospital	STREET (If rural give location)
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Day) (Year) OF
(Type or Print) ELISHA M. (	COOK DEATH March 10 1955
Male   6. COLOR OR   7. SINGLE, MARRIED, WIDOWED, DIVORCED.   8. DATE   1. Specify Single   2/2	13/21  9. AGE last birthday IF UNDER 1 YEAR HOURS MI
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Culler Oyster House	Mardela Springs, Maryland U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
John Cook	Daisy Waller
(Yes, no, or unk.) (If Yes, give war or dates of service) WW IT Unknown	Clin.Rec.Vet.Adm.Hosp., Ft. Howard.Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ND DISCOLORATION OF LENTICULAR UNKNOWN
3-9-55 Exploratory Laporatomy f	or paralytic ileus- duration lWk 20. AUTOPSY
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) ,, etc. INJURY OCCUR?
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	
WILLIAM B. VANDEGRIFT, M.D.	t 9:20 M, from the causes and on the date stated above.  ADDRESS  M. DVAH, FORT HOWARD, MARYLAND 3-11-55  TERY OF CREMATORY   LOCATION (City, town, or county) (State of the county) (State of the county) (State of the county) (State of the county)
REMOVAL (SPECIFY)	nt Cemetery Mardela Springs, Maryland

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

The

Supply every item of information carefully.

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2330

2353 CERTIFICATI	E OF DEATH Reg. Dis	t. No. /
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Fort Howard HOSPITAL OR INSTITUTION OR  MARYLAND LENGTH OF STAY (in this place) L Days	STATE Maryland COUNTY  CITY(If outside corporate limits, write RURAL OR TOWN Baltimore  STREET (If rural give location ADDRESS	3V01-4
Of STREET ADDRES Veterans Administration Hospit		<b>√</b>
DECEASED: (Type or Print) JOSEPH (NMI) C	OOK OF BIRTH: 9. AGE last birthday IF UNDER 1	(Day) (Year) 16, 1955  YEAR   IF UNDER 24 HRS. Days   Hours   Min.
work done during most of working life, even if retired Laborer   Manning Meat Pack.	Baltimore, Maryland	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	0.00
Joseph Cook	Mary MN: Unknown	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW-I	Clin.Rec.Vet.Adm.Hospital,Ft.	Howard, Md.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  AND		onset and death 24 HRS.Plus 24 HRS.Plus
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	ROTIC CONONARL INNOMBOSIS	24 1110011100
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)		nty) (State)
OF INJURY  VA  (Hour)  21E INJURY OCCURRED  While Not while at work at work		
22. I hereby certify that kattended the deceased from Mar.	12, 1955, to Mar. 16, 1955, the Property	PSAW THE GECEASED
SIGNATURE Trung & relina-		stated above.
IRVING FREEMAN, M.D. Acting Chief, Medical Sem 23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY)	wice VAH, Fort Howard, Md. 3- ERY OR CREMATORY LOCATION (City, town, of ational Cemetery Baltimore, Ma	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wm2.cook_B11gHtc198.	ADDRESS



MARGIN RESERVED FOR BINDING

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

02331

			22
Reg.	Dist.	No	32

	Market Control of the
1. PLACE OF DEATH Baltings MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Pralls
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY OR give nearest town) Procurille (in this piace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR 815 Dempkelif Road	STREET (If rural give location) ADDRESS 8 (5 Denjury float
3. NAME OF DECEASED (First) DECEASED (Middle) Certain Print) Edna Marie Ce	(Last) 4. DATE (Month) (Day) (Year) OF DEATH Milled 4 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under I year II under 24 hrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Stiffler	14. MOTHER'S MAIDEN NAME Margaret Frances Opicer
15. WAS DECREED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of larvice)	Mrs. Edith Benney, daughter
18. MEDICAL CE	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  156.  Immediate cause (a) Careinovuc	Interval Between Onset and Death
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause atating the underlying cause last  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
related to the disease or condition causing death.	
	c metastanis   20. AUTOPSY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, atreet, OF office bidg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 18 from alive on 4 March, 1955, and that death occurred at SIGNATURE (Degree or title)	, 19.55, to 4 March., 19.55, that I last saw the deceased  H. F. m., from the causes and on the date stated above.  ADDRESS  BL. Pikewill 4 March 55
REMOVAL (Specify) 3-7-55 PINC GROV	RY OR CREMATORY LOCATION (City, town, or county) (State)  A 4 V / / C MO  ADDRESS
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE REG.	Freel 14 Newell Processed Md
EJ.	

REGEIVED

BUREAU V. S.

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY BALTIMORE MARYLAND	STATE MARY LAND COUNTY BALTO
55 CITY (If outside corporate limits, write RURAL and Cin this place) TOWN (In this place)	OR
TOWN TOWN TOWSON TOWS	TOWN MURAL TOWSON 35
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1666 YAKONA AVE	STREET (If rural, give location) ADDRESS 1666 YAKONA AVE
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) FANN IE 7,	CORSI DEATH MARCH 31 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 hrs. Months. Days If under 24 hrs. Win.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Library (CAP).	Comments
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
VINCENT MODO	RASALIE GIORDANO
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If year, give war or dates of 217-01-6566	O FREDERICK CORSI IGGGYAKONA AUF
18 MEDICAL C	CERTIFICATION INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
175X Immediate cause (a) Resp	along facture
Antecedent cause(s)	seean = Chambres
Diseases or conditions, if any, (b). giving rise to the above cause stating the underlying cause last	
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street of office bldg., etc.) IIOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCURT
OF While at Not While INJURY m. Work At work	
91	L. 55. Muel 21. 55
	1953, to March 3, 1955, that I last saw the deceased
	2:25 F.m., from the causes and on the date stated above.
SIGNATURE) (Degree or title)	DATE SIGNED DATE SIGNED
23. NURIAL CREMATION   DATE   NAME OF CEMET	TERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) APR 4 1955 HOLY RED	EEMER CEM 4430 BELAIR RD MO.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Werit 2. 1955   KW.	WILDER ASNO 1800 E LOMBARD ST

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15

DR BLAZER GIVEN CHARLES ST. 

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md. COUNTY Balto.

CITY(If outside corporate limits, write RURAL and give nearest town)

STATE Md.

2356 CERTIFICATE OF DEATH Reg. Dist. No.

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1	9	
	V	
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The

1. PLACE OF DEATH

COUNTY Balto.

carefully. legibly.

CITY (if outside corporate limits, write RURAL OR and give nearest town)  TOWN WOODLAWN (in this place)	Y CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN Woodlawn
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2631 Purnell Drive	STREET (If rural give location) / ADDRESS 2631 Purnell Drive
3. NAME OF (First) (Middle) DECEASED: (Type or Print) BESSIE COV	VEY    4. DATE (Month) (Day) (Year)  OF  DEATH: March 3, 1955
female white widowed Aug . 2	21, 1888  9. AGE last birthday IF UNDER 1 YEAR HOURS   Min.
10A. USUAL OCCUPATION (Give kind of NOT BUSINESS work done during most of working life even if, retired):  13. FATHER'S NAME:	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  14. MOTHER'S MAIDEN NAME:
Joseph Aaron	Bertha
(Yes, no, or unk.) (If Yes, give war or dates of service) (100	Mrs. David C. Lesher - 2631Purnell Dr.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ry Thrombosis 2 hours schotic Cardio-Voscular Dis. 1/2 yrs etes 10 years
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	ON 20. AUTOPSY7 YES NO 1
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, for contributing Cause of Death (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED Not while Not while	g., etc. INJURY OCCUR?
22. I hereby sertify that I attended the deceased from Calalive on March 3, 1953, and that death occurred a signature.	M. D. Green Location (City, town, or county)  Old Cem.  Prince George's Co., Md. M. J. Funeral Director  Address Addre



# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL	EXAMINI	ER'S CE	RTIFICA'	TE OF	DEATE	I No.30
1. PLACE OF DEATH:	1		2. USUAL RES	IDENCE (HOME	) OF DECEASED:	
COUNTY BA	LTOI	MARYLAND	STATE	MD o	OUNTY G	H-F-A
CITY (If outside corporate OR and give nearest to TOWN		LENGTH OF ST.	OR	itside corporate l	imits write RURAL	and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	HOSPIT	AL OVE-STA	T STREET ADDRESS	933 L	If rural, give locati	ion) 29 tou St
3. NAME OF (F DECEASED: (Type or Print)	THEODOR	(Middle)	(Last) CZAK	4. DATE OF DEAT		(Day) (Year) 3- 1955
5. SEX: 6. COLOR RACE:	WIDOWED (Specify):	DIVORCED U	Known	appro:	63 yrs. Months	
	Give kind of 10b. t of work life, ABORER	INDUSTRY:	AU	STRI	4	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	7/11/11/0	00 11	14. MOTHER'S	MAIDEN NAM	E:	
15. WAS DECEASEO EVER IN U (Yes, no, or unk.) (If Yes, gi service)		SOCIAL SECURITY NO.:	17. INFORMANT	& ADDRESS:	DAR	AGE
I. DISEASES OR CONDITION  Immediate cause  Antecedent cause(s)  Diseases or conditions, is	(a)QC		diac Certification of the Column of the Colu	où live	- olije	INTERVAL BETWEE ONSET AND DEAT
giving rise to the above stating underlying caus	cause DUE TO					
II. OTHER SIGNIFICANT OF THE DEATH BUT DISEASE OR CONDITION	NOT RELATED TO	THE				
19a. DATE OF OPERATION	N: 19b. MAJOR FIND	ING OF OPERATION	:			20. AUTOPSY? Yes □ No ☑
21a. EXTERNAL CAUSE W PRIMARY [] or CONTRIB CAUSE OF DEATH.	UTING   OF INJU		etc.,		(County)	(State)
21d. TIME (Month) (Day) OF INJURY	W	INJURY OCCURRED Thile at Not while ork   at work		OLD INJURY OC	CUR?	
22. I hereby certify the find that death results SIGNATURE		al causes A	Suice Suice		nicide [], Und EXAMINER AL EXAMINER	
2) BURIAL CREMATION, REMOVAL (Specify):	DATE THEREOF	Menerelly	CALLEL .	1 Par	May Rell	county) (State)

VS. A15A - 5 - 53
PLEASE WRITE PLAINLY, WI age is especially imports

MARGIN RESERVED FOR BINDING

UNFADING INK. Physicians: please

Supply every item of information carefully. The correct write the causes of death clearly and legibly.



02336

Reg. Dist.

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 33
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  Md. COLUMN Carrol	17
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Carrol	L .L.
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Owings Mills  LENGTH OF STAY (in this place) day employ	OR	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS ROSEWOOD School	STREET (If rural, give location) ADDRESS 230 E.Main	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Raymond Shipley Davi		195519
Male White Widowep, Divorcep, March		ys Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Shift Engineer		CITIZEN OF WILAT COUNTRY? • S •
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William E.Davis	Pearl G.Shipley	
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service) (217-09-2042	17. INFORMANT & ADDRESS: 230 E.Main Audrey K.Davis, Westminster	
IS. MEDIC I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	CAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
925.8 Asphyxiation due	e to being buried in soft	35 min.
Immediate cause  DUE TO COAL in Silo		
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	one	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
none none		Yes No
	10, NOwings Mills Balto.	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY 3-20-55 10: 30 M. While at work	loose, fell & was buried i	n coal.
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy 🔲, Inspection 🖾,	Inquiry X, and
find that death resulted from: Natural causes [], Acci	ident 🐧 , Suicide 🔲 , Homicide 🔲 , Undeter	mined cause
SIGNATURE D. Caples	M. D. ASSISTANT MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	3-25-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify): Mar. 23, 1955 Deer Park	k Carroll County	unty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REG. 3-22-55 Nam 3. 2/440	J.E. Meyers, Westminster, Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2338

2361 CERTIFICATE OF DEATH

Reg. Dist. No.

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~			
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write I	RURAL LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town)  TOWN  Fort Howard	(in this place) 52 Days	TOWN Baltimore	3/01/11
HOSPITAL OR.	7= 24	STREET (If rural give location)	VY CV I as distri
INSTITUTION OR	inistration Woon	hol3 Overlea Avenue	
O STREET ADDRESS Veterans Adm			<u> </u>
3. NAME OF (First) DECEASED: (Type or Print) SAMUEL	(Middle)  J. DEXTER	OF a	10 (Year) 19 55
5. SEX:   6. COLOR OR   7. SINGLE WIDOW: (Specify)	MARRIED, 8. DATE ED. DIVORCED. 8-29-	OF BIRTH: 9. AGE last birthday IF UNDER 1	PEAR   IF UNDER 24 HRS.   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of) 10	B. KIND OF BUSINESS	il. BIRTHPLACE (State or foreign country);  12.	CITIZEN OF WHAT
work done during most of working life. even if retired): Engineer	or industry:	Baltimore, Maryland	U. S. A.
13. FATHER'S NAME:	allivau	1 14. MOTHER'S MAIDEN NAME:	
Samuel A. Dexter		Lilly Price	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?	18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates Yes of service) WW-I		Clim Dee Wet Adm Hogn Font	Lowand Md
Yes   of service) WW-1	717-07-8791	Clin.Rec., Vet. Adm. Hosp. Fort	nowaru, mu.
	18. MEDICAL CERTIFICAT	TION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH		Approx.
FO / X	(A) CARCINOMA (	OF PANCREAS WITH METASTASES	9 MONTHS
IMMEDIATE CAUSE	OUEXXX TO LIVER		7 21-21-21
ANTECEDENT CAUSE (S:			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE	(B)		-
STATING UNDERLYING CAUSE LAST.	B02 10		A STATE OF THE STA
THE CHANGE CANDITIONS OF	(C)		
II OTHER SIGNIFICANT CONDITIONS CO			
DISEASE OR CONDITION CAUSING D	EATH		
19A. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATION	N ieiumoieiumostomy	20. AUTOPSY?
2/9/55 Findings:	Carcinoma of par	<sup>N</sup> jeju <b>n</b> ojejunostomy ncreas with metastases to liver	YES NO
	B. PLACE (Home, farm, fac	tory. 21c. WHERE DID (City or town) (Coun	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  VA M.	While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that kattended th	ne deceased from Jan.	17, 1955, to Mar. 10, 1955, xacopy	PROGRESS CONTRACTOR
	d that death occurred at	12:24AM, from the causes and on the date	
IRVING FREEMAN. M.D. Acting	Chief Medical S	ervice VAH, Fort Howard, Md. 3	-10-55
23. BURIAL, CREMATION, DATE THERE REMOVAL (SPECIFY)	NAME OF CEMET Parkwood Cei	ERY OR CREMATORY   LOCATION (City, town, o	r county) (State)
Burial STATE BY LOCAL DECISION BY			3 ADDRESS 3
DATE REC'D BY LOCAL REGISTRAR	SIGNATURE	Lassanh Tuner 910 Home 7401 Be	elange Res

The Comment of the Comment of the Secretary of THE LOCAL PROPERTY OF 

# 2362

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

_			
Reg.	Dist.	No	 

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
Baltimore MARYLAND	STATE Marvland COUNTY	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town)
OR give nearest town) TOWN Fort Howard 70 Minutes	II OR	3401.4
HOSPITAL OR	TOWN Baltimere STREET (If rural, give location)	2401.4
STREET ADDRESS Veterans Administration Hespit	ADDRIGO	- 1
		Y
3. NAME OF (First) (Middle) DECEASED TOTALLY	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print) JOSEPH E.	DICUS DEATH March 7.	19 55
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under 1	year   If under 24 hrs.
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed		Days Hours Min.
Male   White (Specify) Widowed  10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business or		CITIZEN OF WHAT
done during most of working life, even if retired) INDUSTRY	C	OUNTRY?
done during most of working life, even if retired)   INDUSTRY   Produce Huckster   Self Employed	Elkridge, Maryland U	S. A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John R. Dicus	Susan R. Watts	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
Yes, no, or unknown) (If yes, give war or dates of Yes Unknown) (If yes, give war or dates of Unknown)	Clin.Rec., Vet.Adm. Hosp., Ft. How	and Md
18. MEDICAL CE	DIFFCATION	al Tue Più
	WI II CATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
SENILITY AND MAI	NITERTATION	UNKNOWN
Immediate cause (a) DENTIFIT AND TALL	ATO A I GALLACOTT	OMITIAOMIA
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		to do 80 Parageon phi a t confining representation 1 6990
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No D
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW DID INJURY OCCUR?	
INJURY m.   work   at work		
22. I certify that I took charge of the remains described above, held an A	Autopsy, Inspection, Inquiry thereon and fr	om the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece from: natural causes accident , suicide , homicide	asca area on the ary stated above, and death in my o	pinion resuited
SIGNATURE (Degree or title)	- ADDRING	DATE SIGNED
The same of the	epyla Medical Evan	- 61
William Carried M.D. Debut Medical Exalis	Latter Rama Melantale on 2113	12017155
23. BURIAL, CREMATION I DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county	(8 (6)
REMOVAL (Specify) Rurial Removal (Specify) Rurial Removal (Specify) Reltimone No.		(23.00)
DATE REC'D BY LOCAL   REGISTRAN SIGNATURE	Raltimore, Maryla	TOOPECO
REG. 31.653 A. Tr. Helich A	John K. Teufel & Son Funeral Ho	Me
3/15/53 A. St. Helich B	tional Baltimore, Maryla A FUNERAL DIRECTOR John K. Teurel & Son Funeral Ho 5311 Edmonds Ave., Paltimore, M	3

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15A

TWO FOR ONE CERTIFICATE - Film G178 - 3/15/55 - mmb

Originally received on regular VSA15 - Should have been medical examiner's certificate.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

A15

PLEASE TYPE OR

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 263 CERTIFICATE OF DEATH Reg. Dis RE, 18 ()234() Reg. Dist. No. 38

2363 tem

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY BALTIMORE
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nesrest town)
OR and give nearest town) (in this place)	OR TOWN TO UCON
10110011	417 Alabama Rd.
HOSPITAL OR INSTITUTION OR GODD CONTINUED OF HOSPITAL	STREET (If rural give location) ADDRESS
90 STREET ADDRESS CODD CONVALESCANT HOME	PPPITITIFF AND INF
of theme of	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) BERTHA LOUISE DODSON	DEATH: March 26, 19 55
	OF BIRTH: 9. AGE iast birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Female White Specify: Widow Oct. 2	1 1872 82 yrs. Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life OR INDUSTRY:	COUNTRY?
even if retired): Housewife Own Home	Pennsylvania USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Mason Robert	Helen Trumbower
15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	Family Information
	· · · · · · · · · · · · · · · · · · ·
18. MEDICAL CERTIFICAT	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
450.0 (Indi	on trailing
IMMEDIATE CAUSE  (A)  DUE TO	ie trailur
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, (B)	sciousis
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	
TSB. MAJOR PHONES OF OPERATION	20. 40105311
	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	tory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	etc. 1NJURY OCCUR?
21D TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	
OF INJURY While Not while	
OF INJURY M. While Not while at work at work	21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work at work	21F. HOW DID INJURY OCCUR?
OF INJURY  M. While Not while at work  2 I hereby certify that I attended the deceased from Not	, 1973, to March 26, 1945, that I last saw the deceased
2 I hereby certify that I attended the deceased from Nov. alive on Mach 26, 1957 and that death occurred at	, 1977, to March 26, 1957, that I last saw the deceased 7:10 M, from the causes and on the date stated above.
OF INJURY  M. While at work I work I at work I	21F. HOW DID INJURY OCCUR?  1977, to March 26, 1957, that I last saw the deceased 7:10 M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
OF INJURY  M. While at work I work I at work I	21F. HOW DID INJURY OCCUR?  1977, to March 26, 1957, that I last saw the deceased 7:10 M, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
2 I hereby certify that I attended the deceased from Not. alive on March 26, 1953 and that death occurred at SIGNATURE  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY)	21F. HOW DID INJURY OCCUR?  1. 1977, to March 26, 1937, that I last saw the deceased 7:10 M, from the causes and on the date stated above.  ADDRESS  1. D. 68 05 DATE SIGNED  COCATION (City, town, or county) State)
OF INJURY  M. While at work I at work I at work at work I	21F. HOW DID INJURY OCCUR?  1. 1977, to March 26, 1947, that I last saw the deceased 7:10 M, from the causes and on the date stated above.  ADDRESS  1. D. 68 05 DATE SIGNED  COCATION (City, town, or county) State)

DECEIVED 1955
ANN 89 1955
RAN 8.9 1955

CAINLY, WITH UNFADING INK.

PLEASE

Supply every item of information carefully. The

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2364 CERTIFICATE OF DEATH 02341

CERTIFIC			TOTAL	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 /%	 	B B 4. 78	

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	): //
county Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY(If outside corporate limits, write RURAL at OR	
Fort Howard 6 Days	Town Baltimore	3401-4
HOSPITAL OR	STREET (If rural give location)	1
OSTREET ADDREVETERANS Administration Hospital		ue /
3. NAME OF (First) (Middle) ( DECEASED: (Type or Print) JAMES H. DOUGI	0.5	0 (Year) 8 19 55
RACE: WIDOWED, DIVORCED,	of BIRTH: 9. AGE last birthday Funces 17  21, 1905 49 yrs. Months D.	ays Hours Min.
IOA. USUAL OCCUPATION (Give kind of or NOB. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	Gloucester, Virginia	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
James Douglass	Susie Smith	
18. WAS DECEASED EVER IN U.S. ARMED FORCEST 10. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW-II 220-12-8672	Clin.Rec., Vet.Adm. Hosp. Ft. H	oward, Md.
18. MEDICAL CERTIFICATI	ION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
2 9 RIGHT SIDED	HEART FAILURE	UNKNOWN
DUE TO CURONIC PINT		UNKNOWN
AITTECEDEITT CAOSE (O.		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	L ANEMIA	LIFE
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory. 21c. WHERE DID (City or town) (Count etc. INJURY OCCUR?	y) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that wattended the deceased from Mar.	22, 19,55, toMar. 28., 1\$5., thank thank	
aky con coccoccoccoccoccoccoccoccoccoccoccoccoc	ADDRESS DAT	stated above.
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETE	DVAH, Fort Howard, Maryland 3 ERY OR CREMATORY   LOCATION (City, town, or ational Cemetery Baltimore, Mar	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Charles R. Law Funeral Home	ADDRESS
2 / W MINING	802 Madison Ave., Baltimore,	MG.

to be a supported to the subject of 

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02342

Reg. Dist. No.....

CERTIFICATE OF DEATH

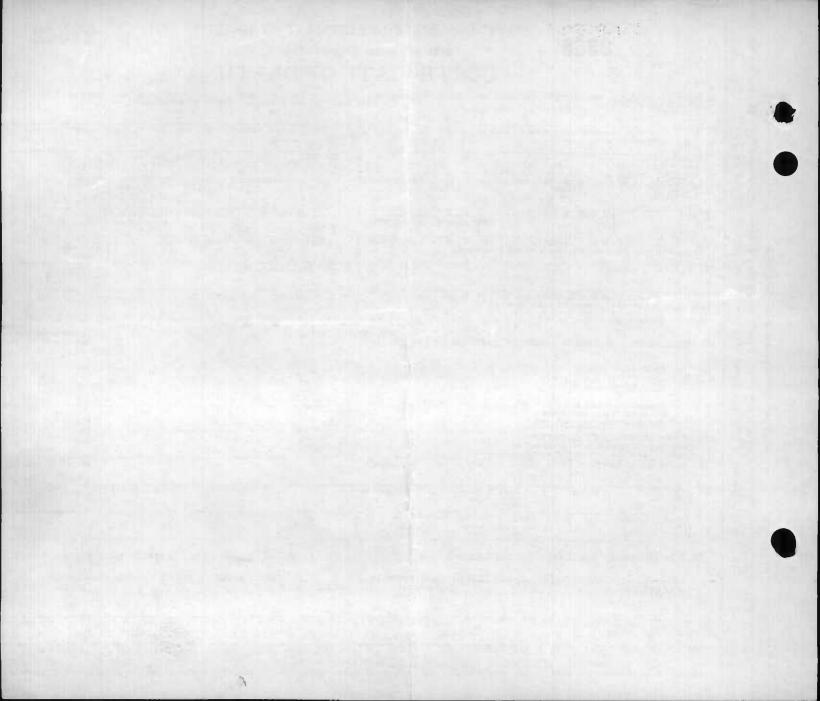
2. USUAL RESIDENCE (HOME) OF DECEASED STATE MARY LAND 1. PLACE OF DEATH-BALTIMORE COUNTY COUNTY COUNTY MARYLAND CITY (If outside corporate limits, write RURAL and LENGTH OF STAY CITY (If outside corporate limits, write RURAL and give nearest town) OR give nearest town) (in Ithiay Place) S TOWSON TOWSON TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET PLEASANT PLAINS PLAINS ADDRESS 8727 RD 8121 PLEASANT (Middle) (Last) (Day) 3. NAME OF (First) 4. DATE (Month) (Year) DECEASED 23,1955 MARCH PAULINE ENGLER DEATH (Type or Print) 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW 9. AGE last birthday | If under 1 year | If under 24 hrs. | Months. | Days | Hours | Min. 6. COLOR OR RACE 5. SEX 8. DATE OF BIRTH SEPT HITE T.TAWAT. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT done during most of working life, even if retired) INDUSTRY COUNTERA HOME GERMANY 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ? 15. WAS DECRASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No. THOMAS SINGMAN (Yell ap, or unknown) | (If year, give war or dates of SAME NONE pervice) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH Immediate cause Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? non Yes 🗌 No [ 21. ACCIDENT SUICIDE PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (Specify) (STATE) OF office bldg., etc.) HOMICIDE INJURY OCCURRED HOW DID INJURY OCCUR? TIME (Month) (Day) (Year) (Hour) While at Not While INJURY Work At work 1937, to 3/23, 191, that I last saw the deceased 22. I hereby certify that I attended the deceased from...... 19 and that death occurred at alive on..... ADDRESS (Degree or title) SIGNATURE DATE SIGNED LOCATION (City, town, or county)
BALTIMORE COUNTY 23. BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY DATE (State) (Specify) 26,195 DATE RECAD BY LOCAL REGISTRAR'S SIGNATURE ADDRESS REQ

A15 VS. PLAINLY

WRITE

PLEASE

02



Arlington S. Phillips, 1808 N. Monroe St. Baltimore 17, Md.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	y. T	CERTIFICATE OF DEATH  Reg. Dist. No.
1	full	1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:
V	carefully legibly.	COUNTY Baltimore MARYLAND STATE Maryland COUNTY
-		CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give recent Asset Company (In outside corporate limits, write RURAL)
	tion	X or and give nearest town)  Fort Howard  8 Days  OR TOWN  Baltimore  3 V 0 1 - 44
M	information clearly and	HOSPITAL OR (If rural give location)  STREET ADDRESS Veterans Administration Hospital  STREET ADDRESS Shield Place, Baltimore 17
	יות	3. NAME OF (First) (Middle) (Last) 4 DATE (Month) (Date)
	m of i	(Type or Print) ROBERT HENRY EPPS OF DEATH MARCH 8, 1955
	ite of	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Months Days Hours Min Months Days Hours Min Months Days Hours Min Min Market Market Market Min Months Days Min Months Min M
	every	IOA. USUAL OCCUPATION (Give kind of 108, KIND OF BUSINESS   11, BIRTHPLACE (State or foreign country); 142 CITITED OF MINISTRALES
ÖZ	causes	work done during most of working life.  even if retired): Odd Jobs  Norfolk, Virginia  V.S.A.
DI	pply	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:
SIN		Edward Epps Henrietta MN: Devall
R	4 5-44	15. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:
FO	I Se	Yes, no, or unk.) (If Yes, give war or dates   Unknown   Clin.Rec.Vet.Adm. Hospital, Fort Howard, Me
RESERVED FOR BINDING		18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
N N	ADING s: plea	229 X
E	FA.	IMMEDIATE CAUSE (A) ISOHEMIC INFARCTION, RIGHT CEREBRUM 1 WEEK
3E	UNFA	ANTECEDENT CAUSE (S: THROMBOSIS, RIGHT AN TERIOR CEREBRAL ARTERY 1 WEEK
	TH Phys	GIVING RISE TO THE ABOVE CAUSE
SGI		STATING UNDERLYING CAUSE LAST.
MARGIN	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING
E	INLY	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.
-	N du	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
1. 11	13	YES X NO
0	VRITE PI especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) (County) (State)
U,	R WR	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?
1 7= 3	ge ge	22. I hereby certify that * attended the deceased from .Feb 28, 1955, to Mar 8, 1955, thereby certify that *
553	म व	ADDRESS DATE SIGNED
10	SE TY	WILLIAM B. VANDEGRIFT. M.D. M.D. VAH. FORT HOWARD, MARYLAND 3-8-55
A15_	EASE	23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)  Burial (specify)  3/12/1955 Baltimore National Baltimore, Maryland
zó.	PLI	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE V 24. FUNERAL DIRECTOR ADDRESS

DATE REC'D BY LOCAL REGISTRAR

HELAND TO STRUMBURGHOUS DAY DOG HAVE THE rent crist. The Color of the Co

VS.

MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALT	HEALTH—BALTIM	TIMORE,	18	02319	
2367	CEE	PTETCATE	OF	DEATH	-	D	74	

	T	2367	CERTIFICAT	E OF DEATH	Reg. Di	st. No. 30
	ully.	1. PLACE OF DEATH:	. (	1 2. USUAL RESIDENCE		
,	refu	COUNTY Baltimon	MARYLAND	1 Ph.	a	no Arual I
	Can	CITY (If oftside corporate fimits, write	e RURAL LENGTH OF STAT	STATE //	rate limits, write RURAL	and give nearest town)
	noi	52 TOWN (a FORS vill	(in this place)	TOWN Ma	/ 0	000
	every item of information carefully, auses of death clearly and legibly.	HOSPITAL OR INSTITUTION OR STREET ADDRESS	Grown Have	STREET	(If rural give locatio	n)
	infe	3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Day) (Year)
	em of i	DECEASED: (Type or Print)	Misy	Buant	OF AA	
	de	5. SEX:  6. COLOR OR  7. SINGL	LE, MARRIED. 8 DATE		E last birthday IF UNDER	1958
	ry ite	r W (Specif	10/1	10-1177	77 yrs. Months	Days Hours Min.
5 Z		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	OR INDUSTRY:	11. BIRTHPLACE (State	or foreign country):  12	COUNTRY?
DI	pply the	13. FATHER'S NAME:		14. MOTHER'S MAIDE	N NAME:	7,07
BINDING		George Gand	hrn	Eliza	both Jan	Ksan
	. A	15. WAS DECEASED EVER IN U.S. ARMED FORCES		17. INFORMANT & AD	DRESS:	1.07
FOR	INK se w	(Yes, no or unk.) (If Yes, give war or date of service)	-	HOSP. K	econds	Significant Control
	and .		18. MEDICAL CERTIFICA	TION .		INTERVAL BETWEEN
VE	ADING s: pleg	I DISEASES OR CONDITIONS DIRECTL	LY LEADING TO DEATH	0.		ONSET AND DEATH
RESERVED	AI.	42 IMMEDIATE CAUSE	(A) Corona	rev Threemo	0.115	2 m 0
ES	UNFA]	ANTECEDENT CAUSE (8)	DUE TO			
	Dec. 1	DISEASES OR CONDITIONS, IF ANY,	(B) anterios	derotic GI	1-1213	-
H	WITH it. Phy	GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
MARGIN	W.	TO ATUED SIGNIFICANT CONDITIONS	(C)		33/ USANE (284)	
MA	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED T	O THE	-1- P. C.		
	N od	DISEASE OR CONDITION CAUSING	DEATHOF OPERATION	11/4 ISYCKO	1878	1/23
1)	3	TON. DATE OF OFERATION. 198. MASC	OR PHODINGS OF OPERATIO			20. AUTOPSY?
ال	and .	21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, fa OF INJURY street, office bldg	etory. 21c. WHERE DID in, etc. INJURY OCCUR?	(Clty or town) (Cou	inty) (State)
	E 100	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRE While Not while at work at work	D   21F. HOW DID INJUI	RY OCCUR?	
	ge i	22. I hereby certify that I attended	the deceased from Ja	1 13, 19 48, to Man	16 1953 that I la	st saw the deceased
- 57	व्य व	Ma .c	and that death occurred a	15	uses and on the date	
10		Frederice 7	Hilling.	A. D. Crims (	France 16	3/11/
1	ASE	23. BURIAL, CREMATION, DATE THE			OCATION (City, town,	or county) (State)
415	EA	REMOVAL (SPECIFY) Burial 3-18-5		Andrews	Mayo, Md.	
S	PLE	DATE REC'D BY LOCAL REGISTRAN	R'S SIGNATURE	24. FUNERAL DIREC		ADDRESS

DECENVELU WAR 18 1955 BUREAU Y. S.

23. BURIAL, CREMATION REMOVAL, (Specify) BUTIA DATE REC'D BY LOCAL REG. DATE SIGNED

ADDRESS

LOCATION (City, town, or county)

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY Balto.	
CITY (If outside corporate limits, write RURAL and OR give nearest town hear Randallstown (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN near Randallstown	1)
HOSPITAL OR INSTITUTION OR STREET ADDRESS  Marriottsville Rd.	STREET (If rural, give location) ADDRESS Marriottsville Rd.	
3. NAME OF (First) (Middle) DECEASED (Type or Print) MILDRED F.	(Last) 4. DATE (Month) (Day) OF DEATH Mar. 9.	(Year)
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	3. DATE OF BIRTH  June 16.1905  9. AGE last birthday   If under. 1 year   If under. 1 yea	er 24 hi
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. Kind of Business or Ind	II. BIRTHPLACE (State or foreign country)  Md. 12. CITIZEN OF COUNTRY?	WHA'
13. FATHER'S NAME George W. Loudenslager	14. MOTHER'S MAIDEN NAME Katherine France	
15. Was Deceased Ever In U.S. Ammed Forces?   16. Social Security No. (Yes, no, or unknown)   (If year, give war or dates of none)   service)	Mr. Gene Faulkner - Marriottsville Rd.	
	SCULAR ACCIDENT IDAY	DEAT
Conditions contributing to the death but not	INSUFFICIENCY	AS
related to the disease or condition causing death.  19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOP	SY?
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY INJURY	(CITY OR TOWN) (COUNTY) (STATI	-
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from APRIX.	2, 1951, to MARCH I, 1955, that I last saw the dece	

NAME OF CEMETERY OR CREMATORY

(Degree or thile)

3/13/55 Wa REGISTRAR'S SIGNATURE



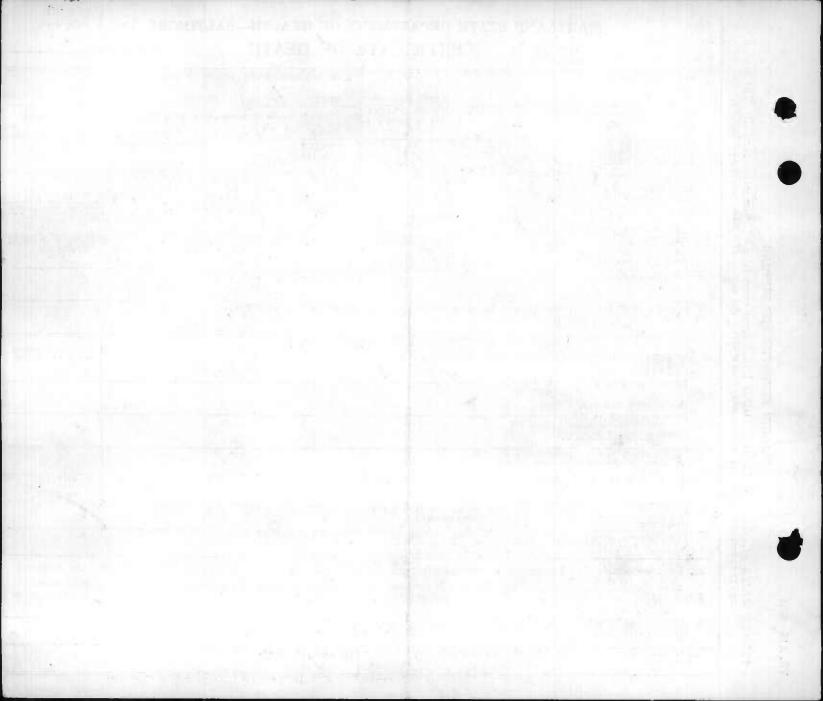
	2040	

	K(28 C) (19 P) (17 K)			

THE RESERVE			
	Key Kerry	1830 SANS N	
	ARE CONTRACTOR		

	TO SERVICE			

. . . . .



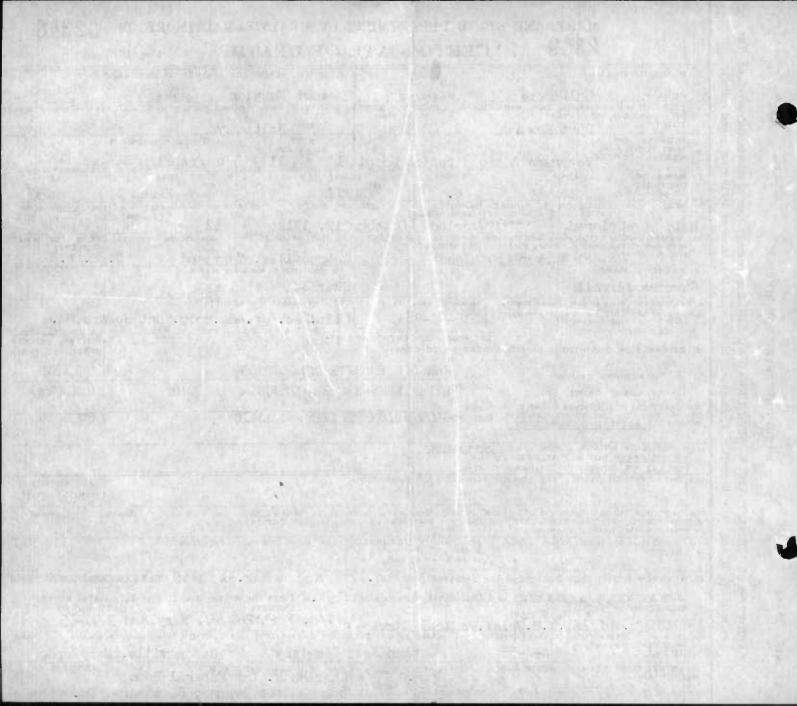
is especially important. Physicians: please write the causes of death clearly and legibly.

1	The
K	carefully.
M	information
	item of
5)	every
BINDIN	Supply
FOR	INK.
MARGIN RESERVED FOR BINDING	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
ARGIN	WITH
M.	AINLY,
	VRITE PL
5. A15 — 10 - 53	TYPEOR
S. A15—	PLEASE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2369 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
county Baltimore Maryland	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL ar	nd give nearest town)
OR and give nearest town) TOWN Fort Howard 12 Days	TOWN Baltimore	3401.4
HOSPITAL OR	STREET (If rural give location)	077
50 STREET ADDRESS Veterans Administration Hospi	ADDRESS	
DECEASED:	(Last) 4. DATE (Month) (DOF DEATH: March 31	(Year) 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
Male Colored (Specify) Married Octobe	er 12, 1912 42 yrs. Months Ds	Hours Min.
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
even if retired) Steel Worker   Bethlehem Steel		S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Charles Ferrell	Charlotte Williams	
18, WAS DECEASED EVER IN U.S. ARMED FORCES! 18, SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yeyres or unk) of service) Www 11 dates 215-03-9833	Clin.Rec.Vet.Adm.Hosp.Fort Howa	ard, Md.
18. MEDICAL CERTIFICATION DIRECTLY LEADING TO DEATH	TION	INTERVAL BETWEEN
592 MMEDIATE CAUSE (A) CHRONIC PASS	SIVE CONGESTION	UNKNOWN
ANTECEDENT CAUSE (S)  DUE TOHYPERTENSIVE	E CARDIOVASCULAR DISEASE	UNKNOWN
DISEASES OR CONDITIONS, IF ANY,	DUDTETC	
STATING UNDERLYING CAUSE LAST.	PARTIES, CHRUNIC	UNKNOWN
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION:   19B, MAJOR FINDINGS OF OPERATIO		
198. MAJOR FINDINGS OF OPERATIO		YES NO
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, faction or contributing Cause of Death Of Injury street, office bldg. (IF EITHER, NOTIFY MEDICAL EXAMINER)		(State)
2ID. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that Mattended the deceased from Feb. 1	17. , 19.55, to Mar . 31 , 1955, maconasc	SECONOMORES
attraction and that death occurred at SIGNATURE	ADDRESS DAT	E SIGNED
FRANCIS G. DICKEY, M.D. Chief, Medical Service	P.D. VAH, Fort Howard, Maryland 3-	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET	ar Cemetery   Location (City, town, or	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24. FUNERAL DIRECTOR	ADDRESS

802 Madison Avenue, Baltimore, Md.



### 2370

# CERTIFICATE OF DEATH

	FOR MEDICAL	EXAMINERS	Reg. Dist.	No.
1. PLACE OF DEATH-	10 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	COTTA TO D	(HOME) OF DECEASED.	NTY
BALTIMORE	MARYLAND	MARILAN		
CITY (If outside corporate limits, write RU) OR give nearest town)	RAL and LENGTH OF STAY	OR CITY (If outside corpo	rate limits, write RURAL and	give nearest town)
TOWN FORT HOMARD	D.O. A. place)	TOWN BARTIMO	RE	3V01-4
TOWN FORT HOWARD		STREET	(If rural, give location	) \
INSTITUTION OR	THISTRATION HOSPIT		pe Street	
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Months)	:30 (Pay M. (Year)
(Type or Print) Joseph	L.	Field	DEATH Marc	
6. SEX   6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday   If un	der I year   If under 24 hr
Malee White	WIDOWED, DIVORCED,	11/6/97	63 yrs. Mon	the Days Hours Min.
ion. USUAL OCCUPATION (Give kind of wor	(Specify) Marriad	1 11. BIRTHPL CE (State		1 12. CITIZEN OF WHAT
done during most of working life, even if retired	) INDUSTRY		-	COUNTRY
Accountant	Armored Carrier	Philadelphia	N NAME	U.S.A.
13. FATHER'S NAME				
Edward Field		Rose McKeeve		
15. WAS DECRASED EVER IN U.S. ARMED FORCE	ms? 16. SOCIAL SECURITY NO.	17. INFORMANT AND		
Yes, no, or unknown) (If yes, give war or date	213-06-8590	Clin.RecVet	Adm. Hosp. Ft. I	loward, Md.
	18. MEDICAL CE	RTIFICATION		10
I. DISEASES OR CONDITIONS DIRECTLY 422./ Immediale cause (a)	Y LEADING TO DEATH  CEREBRAL ACCIDENT			INTERVAL BETWEEN ONSET AND DEATH
giving rise to the above cause stating the underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS	ARTERIOSCLEROTIC		DISEASE	
related to the disease or condition causing de	ath.DLABETES FELLLITU	5		I as Attmobates
19a. DATE OF OPERATION 19b. MAJOR	FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No
PRIMARY OR CONTRIBUTING OF	ACE (Home, farm, factory, atreet, office bldg., etc.)	COLTY OR	TOWN) (COUN	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY m.	INJURY OCCURRED   While at Not while	HOW DID INJURY O	CCUR?	
22. 'I certify that I took charge of the renoblained by said Autopsy, Inspection from: natural causes accident SIGNATURE  23. BURIAL. CREMATION DATE. THER REMOVAL (Specify) Burial	or Inquiry, find that said dece , suicide , homicide ,  (Degree or title)  EOF	eased died on the dry star undetermined ADDRESS  ERY OR CREMATORY  Lational	LOCATION (City, town, or Baltimore Mary	DATE SIGNED  Sounty (State)
DATE REC'D BY LOCAL REGISTRAR	S SIGNATURE	Sander Reserve	OR & Sons. Inc.	Ave &Broadway

The correct age

Aleculus. Howe Mg raw w Min. s. Yer. m. still

Every item

burial Old St. Ann's Cemetery DATE RECEIVED BY REGISTRAR'S SIGNATURE LOCAL REGISTRAR 2125755

MED. DIRECTOR TO

STAFF PHYS.

24C. NAME OF CEMETERY OR CREMATORY

23A. SIGNATURE

ATTENDING PHYS.

24A. BURIAL, CREMA-TION, REMOVAL (Specify)

Middletown. Delaware FUNERAL DIRECTOR

11 East Chase Street

ADDRESS 1217 St. Paul Street

24D. LOCATION (City, town, or county)

23c. DATE SIGNED

SETATE OF BOARD 10, 500 HWCT RO HOTTSTITLE SITE OF STATE MARKY THE STREET STATE OF THE PROPERTY OF THE PERSON OF THE STREET 18 WONCAL CONTINUES ON DAY OF CHILD PARTY OF MILES SHE OF months and a second sec

MARGIN RESERVED FOR BINDING

# CERTIFICATE OF DEATH

Reg. Dist. No. 30

I. PLACE OF DEATH COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY
BALTO. MARYLAND	M).
CITY (If outside corporate limits, write RURAL and CITY (If outside corporate limits, write RURAL and CITY (In this place)	CITY (If outside corporate limits, write RURAL and give nearest town)
	TOWN BALTO. 3401-4
HOSPITAL OR INSTITUTION OR RECEDO KNOLL	STREET (If rural, give location) ADDRESS 4104 WALKAD AVE.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) M. ELIZABETH	FORRESTER DEATH 3 - 6 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH  9. AGE last birthday If under. 1 year If under 24 hrs. SE? T. 11, 1873  8/ yrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business of Industry	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
WILLIAM KOESTERS	MARGARET DIETERS
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If year, give war or dates of service)	17. INFORMANT AND ADDRESS Desard description 4104 Walrad are
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	RTIFICATION INTERVAL BETWEEN ONSET AND DEATE
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	UNSET AND LIEATE
Immediate cause (a) Cese tral 1	a simface Rece Sent 48 hs
Immediate cause (a) CERE V. East	
Antecedent cause(s)	
Diseases or conditions, if any, (b) Hyperlens	Loss, 10 yes
giving rise to the above cause stating the underlying cause last (c)	lans 1
II. OTHER SIGNIFICANT CONDITIONS  Conditions contributing to the death but not related to the disease or condition causing death.  Recuestre	int Congestive heart thillere
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No 2
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF   While at Not While   INJURY   m.   Work   At work	
aha II	" - Man I Co
22. I hereby certify that I attended the deceased from lase h.	7, 19.5.3, to like , 19.5.3, that I last saw the deceased
alive on March 5 10 55 and that death account at	5. 3. Im., from the causes and on the date stated above.
alive on	ADDRESS DATE/SIGNED
Sidning William McKay CM 14	6014 FMW NO CIAHUE 3/8/56
23. BURIAL, CREMATION   DATH   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (Specify) 3-9-54 Holy Con	
DATE REC'D BY LUCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 3-9-55 V.E. Harris	dolly one of Home- Cotomielle Med.

BECEINED

BUREAU V. S.

2361 11 9AN

### EXAMPLE PRODUCT

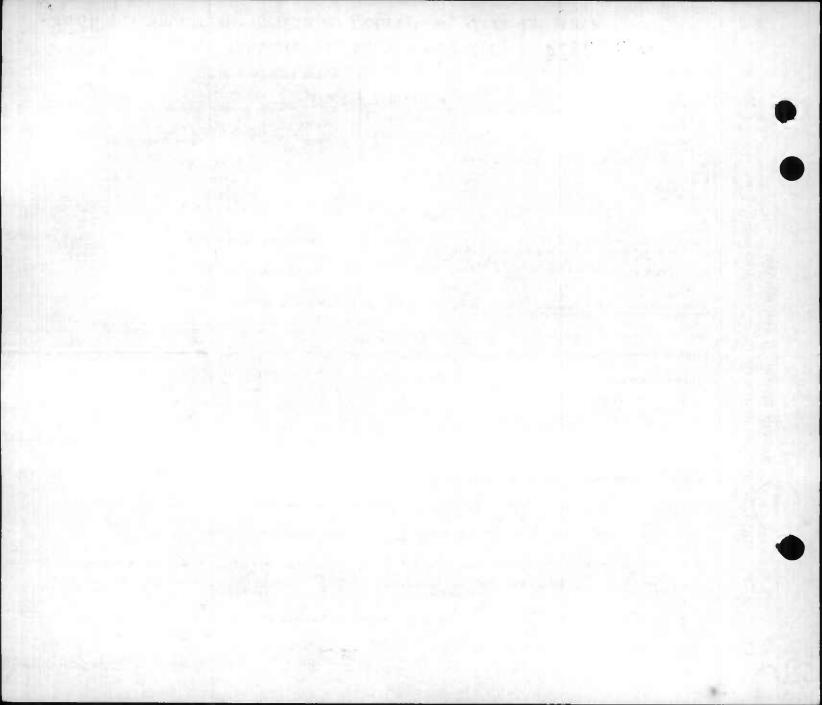
# WITH UNFADING INK. Supply every item of information carefully. The correct PLEASE WRITE PLAINLY

A15 VS.

	2374	CERTIFI					keg. Di	st. No.	77
I. PLACE OF DEATH	*		ī	2. USUAL RES	IDENCE (HOM	E) OF DEC	CEASED:		
Br	altimore			COM A FOUN	Maryla	nd	COL	UNTY	
COUNTY		MARYL		STATE (If ou	tside corporate				est town)
X TOWN Sparro	orporate limits, write rest town) WS Point	(in this	s place)	OR TOWN	Sparrow	s Point			X
HOSPITAL OR INSTITUTION OR STREET ADDRESS	1316 Forres	t Road		STREET ADDRESS	1316	(If rural g			/
3. NAME OF DECEASED: (Type or Print)	(First) FRED R	(Middle) AYMOND	FOY,	(Last) SR.		H. March	5, 1		
5. SEX: 6. COLC RAC White	E: WIDO	LE, MARRIED, OWED, DIVORCED, Ify): Married	8. DATE o	28, 1906	48	yrs.	Months	Days Hours	Min.
10a. USUAL OCCUPAT work done during m even if retired): B1	ION Give kind of	IOb. KIND OF BU INDUSTRY: Shipyard	SINESS OR	Penna.	.CE (State or	foreign coun	ntry):  12	COUNTRY: U.S.A.	F WHAT
13. FATHER'S NAME:				14. MOTHER'S M	AIDEN NAME	D:			
John W. Foy				Emma G	. McCracl	klin			
15 WAS DECEASED EVER (Yes, no, or unk.) (If You service	es, give war or dates of	16. SOCIAL SECURIT		INFORMANT &	ADDRESS:		most '	Road-19	
I. DISEASES OR CON	e (1	a) Giners	RTIFICATIO EATH				rest	Interva	And Death
I. DISEASES OR COL  157  Immediate caus  Antecedent caus  Diseases or conditi giving rise to the stating the underly  11. OTHER SIGNIFICA	ses (s) lons, if any, above cause ling cause last.  (ANT CONDITIONS	y LEADING TO DI	RTIFICATIO EATH				rest	Interva Onset	And Death
I. DISEASES OR COL  1. 57  Immediate caus  Antecedent caus  Diseases or conditigiving rise to the stating the underly  OTHER SIGNIFICA  Conditions contribut	ses (s) ions, if any, above cause ing cause last.  (ANT CONDITIONS ing to the death but	y LEADING TO DI	RTIFICATIO EATH	N d			rest	Interva Onset 2 m	And Death
I. DISEASES OR COL  157  Immediate caus  Antecedent caus  Diseases or conditivity rise to the stating the underly  OTHER SIGNIFICA  Conditions contributed to the diseases	ses (s) ions, if any, above cause ing cause last.  OUE  (NT CONDITIONS, ing to the death but the or condition causin	y LEADING TO DI	ERTIFICATIO EATH Lized	N d			rest	Interva Onset 2 m	And Death
I. DISEASES OR COL  157  Immediate caus  Antecedent caus  Diseases or conditive stating rise to the stating the underly  11. OTHER SIGNIFICA Conditions contribute related to the disease  19a. DATE OF OPERAT	see (s) ions, if any, above cause ing cause last.  OUE  (A  INT CONDITIONS ing to the death but e or condition causing TION: 19b. MAJO	y LEADING TO DI	ERTIFICATION EATH	Carona Seed of	Paverea			Interva Onset 2 m	vs
I. DISEASES OR COL  157  Immediate caus  Antecedent caus  Diseases or conditiving rise to the stating the underly  11. OTHER SIGNIFICA Conditions contribute related to the disease  19a. DATE OF OPERAT	see (s) ions, if any, above cause ing cause last.  OUE  (A  INT CONDITIONS ing to the death but e or condition causing TION: 19b. MAJO	y LEADING TO DI  a)  TO  to  to  to  to  c)  not  g death.  R FINDINGS OF OF  CE (Home, farm, fa	ERTIFICATION EATH	Carona Seed of	Paverea			Interva Onset 2 m	And Death
I. DISEASES OR COL  157  Immediate caus  Antecedent caus  Diseases or conditing iving rise to the stating the underly  11. OTHER SIGNIFICA Conditions contribute related to the disease 19a. DATE OF OPERAT  21. ACCIDENT SUICIDE HOMICIDE  TIME (Month) (Date of the contribute of the co	ses (s) ions, if any, above cause ing cause last.  OUE  (NT CONDITIONS ing to the death but ie or condition causin TION: 19b. MAJO!  (Specify) PLA OF	not g death. R FINDINGS OF OP  CE (Home, farm, farm, farm, farm, farm, farm) While at Not Not Not Not Not Not Not Not Not No	PERATION  ctory, street,  While	Carona Seed of	Paverea OWN)	(COUN <sup>1</sup>		Interva Onset 2 m	And Death
I. DISEASES OR CON  / 5 7 /  Immediate caus  Antecedent caus  Diseases or conditing iving rise to the stating the underly  11. OTHER SIGNIFICA Conditions contributed to the disease is a DATE OF OPERAT  21. ACCIDENT SUICIDE HOMICIDE  TIME (Month) (Da	ses (s) lons, if any, above cause of the death but the or condition causing to the death but the or condition causing (Specify)  (Specify)  (Specify)  (Year)  (Hour)  That I attended the state of the death but the or condition causing the properties of the state of	TO	PERATION  ctory, street,  While Work   facly 19  rred at 5	CITY OR T	OWN)  URY OCCUR?  From the cau ADDRESS  ORY LOCA	(COUNT	hat I la	Interva Onset  Z M  20. Al  Yes  (STATE)  Ist saw the te stated ab DATE SIGNI	TOPSY ? No  deceased

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

02351



MARYLAND

### **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY BAATIA	MORE	MARYLAND	2. USUAL RESIDENCE (		COUNTY BALTO.
CITY (If outside corporation OR give no lest town)		and LENGTH OF STAY (in this place)	TOWN RAND	ate limits, write RURAL	- ×
HOSPITAL OR INSTITUTION OR STREET ADDRESS		E KOAD	STREET ADDRESS MARKE	(If rural, give loca	Ab -
3. NAME OF DECEASED (Type or Print)	RICHARD	(Middle)	PANSON	4. DATE (Mon OF DEATH MAR	CH 24 75
	UHITE	SINGLE MARRIED, WIDOWED, DIVORCED, (Specify)	E 0 10-1903	52 yrs.	If under 1 year If under 24 hr. Months. Days Hours Min
done during most of working	(Give kind of work life, even if retired)	10b. KIND OF BUSINESS OF INDUSTRY	11. BIRTHPLACE (State of STATE	ERMANY	COUNTRY?
13. FATHER'S NAME	PAE L. GA	NJON	14. MOTHER'S MAIDEN	OPITZ	
15. WAS DECEASED EVER IN (Yes, no, or unknown) (If yes	U.S. ARMED FORCES? ar, give war or dates of vice)	16. Social Security No.	17. INFORMANT, AND	ADDRESS	NOMA STOWN
I. DISEASES OR CONDIT	IONS DIRECTLY L	IS. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
15/X Immediate caus	se (a)(	ARCINOMA OF	STOMACH		18 MONTHS
Antecedent cau	se(s)				
Diseases or conditi giving rise to the a stating the underly	bove cause				
II. OTHER SIGNIFICAN'I Conditions contributing to related to the disease or c	o the death but not				
19a. DATE OF OPERATION		ndings of operation	- PANTAO ENT		Yes No
21. ACCIDENT (Sp. SUICIDE HOMICIDE	ecify) PLACE OF INJUR	C (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (CO	OUNTY) (STATE)
	, (202)	NJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC	CCUR?	
	at I attended the	deceased from	, 1953, to MARCH	+241955, that I	last saw the deceased
Con MARCH	24, 1956, and	that death occurred at	2:15 A.m., from the	causes and on the	date stated above.
Momas E.	Wheeler	MO KA	udallyour	-744.	3-24-55
REMOVAL (Specify) Burial	3-26-55	Ward's Chap	el Cemetery	Baltimore Co.	Md -
DATE REC'D BY LOCA REG. 3 /25/25	REGISTRAR'S SI	Martin	24. FUNERAL DIRECTO	orth ar	ADDRESS
- / //00			Ellsworth Arma	cost 4600 Lib	erty Heights Av

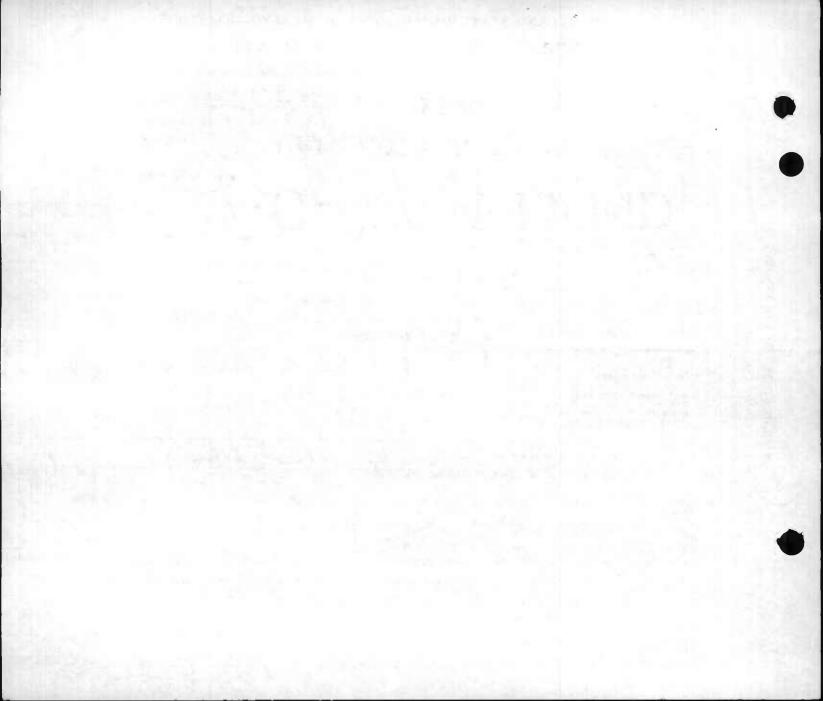
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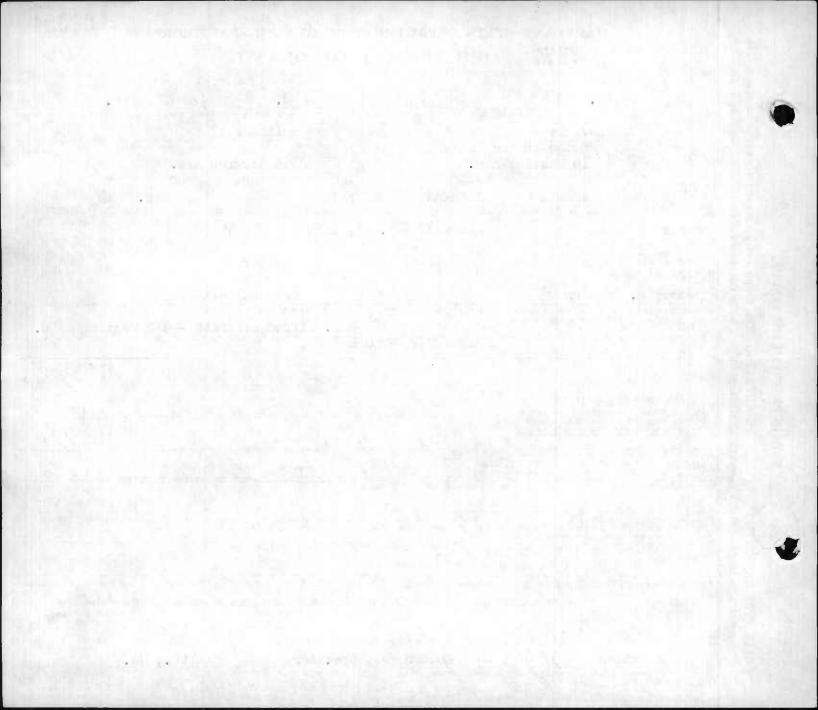
SECTION STREET, STREET



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

RE,	18	02354
Por	Diet	No FD

			TH Reg. Dis	t. No
1. PLACE OF DEATH:		2. USUAL RESID	DENCE (HOME) OF DECEASE	D:
COUNTY Balto. MARY	LAND	STATE Md.	COUNTY Balt	0.
CITY (If outside corporate limits, write RURAL, LEN	GTH OF STAY n this place)		e corporate limits, write RURAL	
HOSPITAL OR House in the Pines INSTITUTION OR STREET ADDRESS 16 Fusting Ave.		STREET ADDRESS 914	(If rural give location Belgian Ave.	)
3. NAME OF (First) (Middle) DECEASED: (Type or Print) JENNIE MULHER		FITH		(Day) (Year) 14 19 55
5. SEX: 6. COLOR OR 7. SINGLE. MARRIED. WIDOWED, DIVORCE (Specify): Widowe	D.	), 1884	9. AGE last birthday Months Months	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE		11. BIRTHPLACE	(State or foreign country): 12. York	CITIZEN OF WHAT
13. FATHER'S NAME:		14. MOTHER'S	MAIDEN NAME:	
James P. Mulhern		Mary	Hafferty	
	ECURITY No.	17. INFORMANT	& ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)		Mr. Alfred	Griffith - 352 We	stshire Rd.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	SPIENO ERKOR	GLOMFRU	CONEPHRITIS  LATROPHY	10 / RES  40 / RES  1/ / RES
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS	OF OPERATION			20. AUTOPSY?
OR CONTRIBUTING CAUSE OF DEATH OF INJURY st.	lome, farm, factor reet, office bldg., e	tc. INJURY OCCI		nty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJUR OF INJURY M. at work	Not while at work	21F. HOW DID	INJURY OCCUR?	
22. I hereby certify that I attended the deceased	from /2/3	1933, to	3/13, 1955, that I las	t saw the deceased



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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE. 18 2378 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland Baltimore Baltimore COUNTY MARYLAND CITY (If outside corporate limits, write RURAL| LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nearest town) (in this place) OR OR TOWN Parkville TOWN Parkville HOSPITAL OR STREET (If rural give location) INSTITUTION OR ADDRESS 2902 Onyx Road 2902 Onvx Road #14 STREET ADDRESS 3. NAME OF (First) (Middle) (Last) DATE (Month) (Day) DECEASED: (Type or Print) Mr. Strother Grim March 11 DEATH: SINGLE, MARRIED 6. COLOR OR 7. 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER I YEAR WIDOWED, DIVORCED, RACE: Hours (Specify): married 7-1900 OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY COUNTRY? even if retired): Gas Fitter Gas & Elec. Co. Winchester, Virginia 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME: Mr. Samuel Grim Emily Sherman 17. INFORMANT & ADDRESS: 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates 212-05-3914 Mrs. Alice E. Grim. 2902 Onvx Road #7/4 of service) 18. MEDICAL CERTIFICATION INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19B. MAJOR FINDINGS OF OPERATION AUTOPSY 21A. ACCIDENT WAS UNDERLYING 218. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (County) (State) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED While Not while 21F. HOW DID INJURY OCCUR? 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY at work 22. I hereby certify that I attended the deceased from Fig. 1, 1934, to have 1, 1954, that I last saw the deceased alive on Mer. 6. 190 f., and that death occurred at 1 1 A.M. from the causes and on the date stated above.

SIGNATURE

NAME OF CEMETERY OR CREMATORY

Moreland Memorial Park Baltimore Maryland 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE ADDRESS

REGISTRAR

23. BURIAL, CREMATION, REMOVAL (SPECIFY)

DATE THEREOF

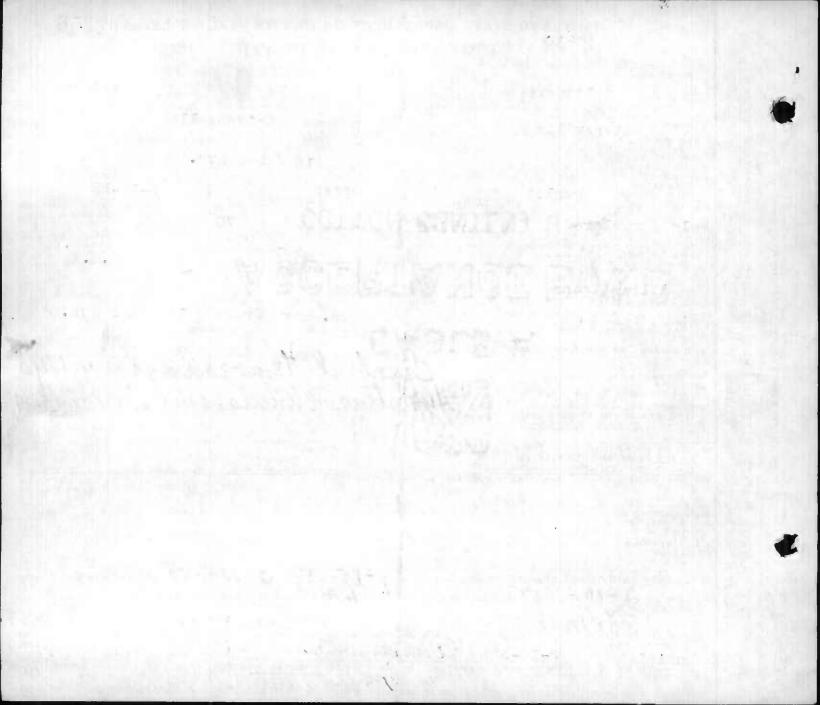
Leonard J. Ruck, 5305 Harford Road #11

LOCATION (City, town, or county)

Dr. Sawyer 4808 Harford Road

Please Call us when completed. HA 6 1460 Ruck Funeral Home.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAN	ND STATE Md COUNTY Baltimore
	CITY(If outside corporate limits, write RURAL and give nearest OR TOWN Catensville 52
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural give location) ADDRESS JONES AVE.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Charles	(Last) 4. DATE (Month) (Day) (Year)  OF DEATH: 3-10-55 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH:  9. AGE last birthday   IF UNDER 1 YEAR   IF UNDER 24   Hours   Yrs.   Hours   Hours
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	SINESS 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF W. COUNTRY?  Laryland  U.S.A.
William Wross	14. MOTHER'S MAIDEN NAME: Unknown
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Mary Gress 16 Jones Ave.
IMMEDIATE CAUSE  ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	erebral Hemorshage 4 day esteusis kiterio-sclesosis 10 mo-
(c) VI	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	OPERATION 20. AUTOP:
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r, farm, factory, 21c, WHERE DID (City or town) (County) (State office bldg., etc. INJURY OCCUR?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY While No	r, farm, factory, 21c, WHERE DID (City or town) (County) (State office bldg., etc. INJURY OCCUR?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)  OF INJURY While No	office bldg., etc. INJURY OCCUR?  OCCURRED ot while work  M. from the causes and on the date stated above. ADDRESS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY While at work at wo	office bldg., etc.   21c. WHERE DID (City or town) (County) (State office bldg., etc.   INJURY OCCUR?    OCCURRED of while   21f. How DID INJURY OCCUR?    om



## MARGIN RESERVED FOR BINDING

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

OR WRITE PLAINLY, WITH

PLEASE

VS.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02357

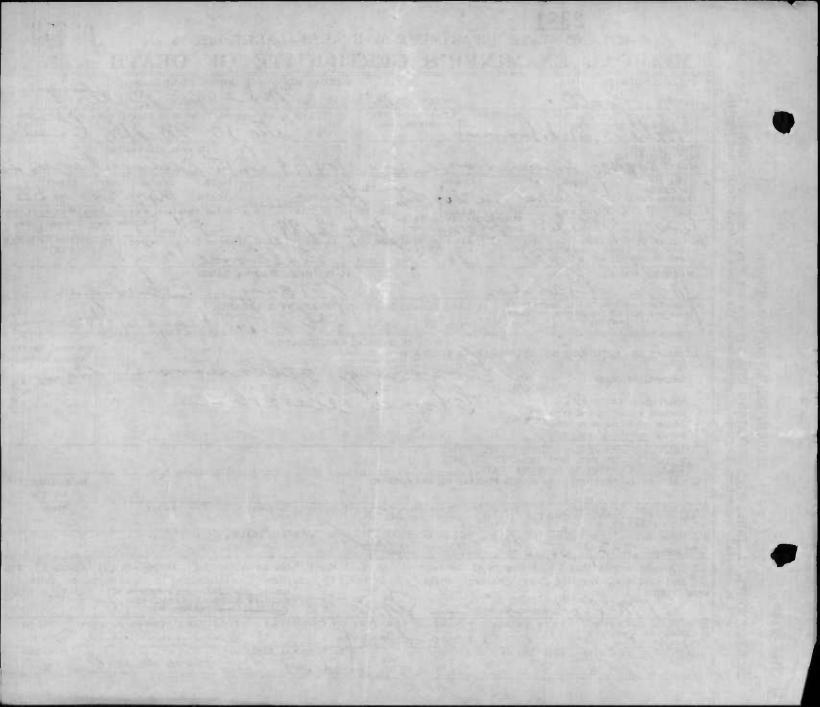
CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore MARYLAND	state Maryland county
CITY (If outside corporate limits, write RURAL) LENGTH	OF STAY   CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) TOWN Fort Howard 20 Day	ys OR Town Baltimore
ALL WAR AND	STREET (If rural give location)
HOSPITAL OR INSTITUTION OR	ADDRESS OF CO.
DOSTREET ADDRESSeterans Administration F	Hospital 606 S. Smallwood Street
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
OECEASED: (Type or Print) HARRY M.	HALL DEATH: March 23, 1955
5. SEX:  6. COLOR OR  7. SINGLE, MARRIED,	8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.
Male White Specify Divorced	July 9, 1889 65 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of Nor Bus work done during most of working life. OR INDUSTRY	COUNTRY?
even if retired ttendant B.& O. R. R.	Baltimore, Maryland U. S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jefferson Hall	Florenz MN: Shewbridge
15. WAR DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURI	
Yes no, or unk.) (If Yes, give war or dates of service) WW-I 705-05-58	800 03: 7
	The state of the s
18. MEDICAL CE	THIER SELECTION
[18] [18] [18] [18] [18] [18] [18] [18]	ATH ONSET AND DEATH
IMMEDIATE CAUSE (A)CARCI	INOMA OF RIGHT LUNG UNKNOWN
DUE TO	
ANTECEDENT CAUSE (S)	
GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF O	PERATION 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, (IF EITHER, NOTIFY MEDICAL EXAMINER)	farm, factory. 21C. WHERE DID (City or town) (County) (State) office bldg., etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY O While Not at work at work	while
22. I hereby certify that Kattended the deceased from	m March 3, 1955, to Mar. 23, 1955, wax xxxxxxxxxxxxxxxxxxxx
ative of the death occurrence and that death occurrence	curred at 9:15AM, from the causes and on the date stated above.  ADDRESS  DATE SIGNED
William B. VandeGrift. M. D.	M. D. VAH, Fort Howard, Maryland 3-23-55  OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL, CREMATION, DATE THEREOF NAME O	OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)
	en Park Cemetery Baltimore, Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	
REGISTRAR 465 A. Inc All de	wm2. Tickher, North & Pennsylvania Nes.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

### MEDICAL EXAMINER'S CERTIFICATE DEATH I. PLACE OF DEATH: 2. USUAL RESIDENCE, (HOME) OF DECEASED: The carefully. Thank and legibly. COUNTY MARYLAND STATE COUNTY CITY (If outside corporate limits, write RURAL OR / and or nearest town) LENGTH OF STAY CITY (If patside corporate limits write RURAL and give nearest town) (in this place) nearest town) HOSPITAL OR INSTITUTION OR INSTREET ADDYESSOO (If gural, give location) information clearly (Middle) (First) (Mont) (Day) (Year) DECEASED 19 25 (Type or Print) DEATH SINGLE, MARRIED, WIDO KED, DIVORCED, (Specify) 6. CÓLOR OR 8. DATE 9. AGE last birthday: | IF UNDER I YEAR | IF UNDER 24 HRS Months Jarres of 10b. KIND OF BUSINESS 10a. USUAL OCCUPATION (Give kind of 11. BIRTHPHACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, COUNTRY? even if retired): -13 FATHER'S NAME: 14. MOTHER'S MAIDEN NAME: WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No .: (Yes, no, or unk.) (If Yes, give war or dates of service) 18. MEDICAL CERTIFICATION TYTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH; ONSET AND DEATH Immediate cause DUE TO Antecedent cause(s) Diseases or conditions, if any, (b) ... MARGIN giving rise to the above cause DUE TO stating underlying cause last II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION: 20. AUTOPSY? Yes 🗌 No 🗌 21b. PLACE (Home, farm, factory, OF street, office bldg., etc., lNJURY 21a. EXTERNAL CAUSE WAS 21c. (City or town) (County) (State) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. 21f. HOW DID INJURY OCCUR? (Year) (Houn) 21e. INJURY OCCURRED (Day) at work [ work [ 22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry [], and find that death resulted from: Natural causes | Accident | Suicide | Homicide | Undetermined cause | CHIER SAMESIANT BASINING SIGNATUR DEPUTY MEDICAL EXAMINER M. D. NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. LOCATION (City, town, or county) (State) REMOVAL (Specify) : md. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS



213-(7-1012 ROXES PARISH (W)SHES MARKE ST. 6 DY OYDAR JAIL STREET

SIGNATURE

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE REC'D BY LOCAL

Mar. 29, 1955

1. PLACE OF DEATH-COUNTY Baltimore

### CERTIFICATE OF DEATH

MARYLAND

Reg. Dist. No. 33

2. USUAL RESIDENCE (HOME) OF DECEASED-STATE Maryland Baltimore

LOCATION (City, town, or county)

J.F. Eline & Sons, Reisterstown, Md.

Baltimore County

	corporate limits, write RUR.			orate limits, write RURAL	and give nearest town)
X TOWN Rel	sterstown	(in this piace)	Vrstown Reis	terstown	X
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Glenn Fall	s Road	STREET ADDRESS Glen	(If rural, give loca in Falls Roa	
3. NAME OF DECEASED (Type or Print)	(First) George	(Middle) W. Harri:	(Last)	4. DATE (Mon OF DEATH Mar	ch 26,1955 19
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) S111316	8. DATE OF BIRTH Nov.27, 1879	9. AGE last birthday   1 75 yrs.	f under. I year   If under 24 hr Months.   Days   Hours   Min
done during most of venue of v		10b. KIND OF BUSINESS OR INDUSTRY  NTY KOAds	Baltimore 14. MOTHER'S MAIDE	County	12. CITIZEN OF WHAT
	Harris		Alice		
15. WAS DECEASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If year, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Bernard Uhl		town, Md.
151X	ONDITIONS DIRECTLY	LEADING TO DEATH		romatos	INTERVAL BETWEEN ONSET AND DEATH
Diseases or giving rise t	4.00-00-10	Carcinoma			1-yr.
Conditions contrib	ICANT CONDITIONS uting to the death but not use or condition causing deat	h. I schir- Rect	talabeless		7 mo.
19a. DATE OF OPE	RATION   19b. MAJOR F	FINDINGS OF OPERATION	mach (Bre-	extoric)	20. AUTOPSY? Yes □ No 🛣
2I. ACCIDENTUSUICIDE HOMICIDE TIME (Month)		CE (Home, farm, factory, street, office bidg., etc.) URY INJURY OCCURRED	HOW DID INJURY O		UNTY) (STATE)
OF (Month)	(Day) (Year) (Hour)	While at Not While	HOW DID INJUNIO	OCCUPATION OF THE PROPERTY OF	

22. I hereby certify that I attended the deceased from 2-13, 19.54, to 3-26, 19.55, that I last saw the deceased alive on 3.- 15, and that death occurred at 5:307 m., from the causes and on the date stated above.

24. FUNERAL DIRECTOR

St . Paul





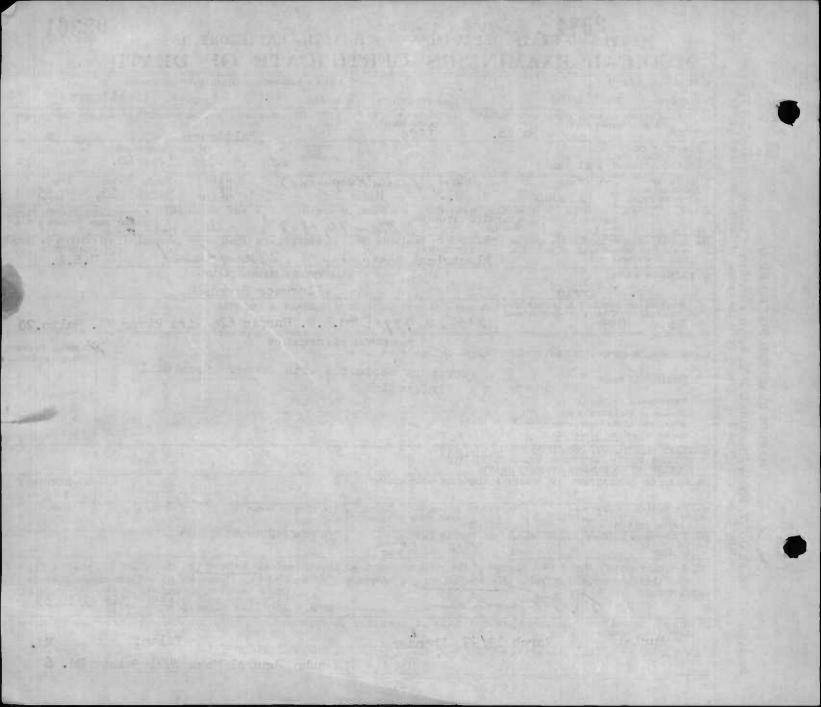
WE SECTIVED

BUREAU V. S.

### FilmG178 3-17-55 e t TE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Ralto.  LENGTH OF STAY (in this place) Life	CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
HOSPITAL OR INSTITUTION OR AT HOME	STREET (If rural, give location)  ADDRESS Box 626 bird River Rd.
3. NAME OF (First) (Middle) William .  (Type or Print) RAYMOND W. (Middle) William .	
Male RACE: WIDOWED, DIVORCED, Warned  10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):  RACE: WIDOWED, DIVORCED, Married  (Specify): Married  10b. KIND OF BUSINESS OF BU	eactor Maryland. U.S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN (NAME:
Wm. J Harris	Florence Bevans
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) (2/9-20-937/	Mrs.R.W. Harris 626 Bird River Rd. Balto.20
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  (a) Coronary occl  DUE TO infarction  Antecedent cause(s)  Diseases or conditions, if any,  giving rise to the above cause  stating underlying cause last  (c)  II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	usion with former myocardial
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?   Yes ☑ No ☐
21a. EXTERNAL CAUSE WAS   PLACE (Home, farm, factor OF street, office bldg., etc. INJURY   PLACE (Home, farm, factor OF street, office bldg., etc. INJURY   OF STREET, office bldg., etc. INJURY   OCCURRED While at Not while work	
22. I hereby certify that I took charge of the remains descri	ibed above, held an Autopsy , Inspection , Inquiry , and ident , Suicide , Homicide , Undetermined cause . CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER 3/10/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify):  BURIAL  March 13/55 Ebenzer  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3 / 7 - 1	RY OR CREMATORY LOCATION (City, town, or county) (State)  Balto,  ADDRESS  Lassahn Funeral Home 7401 Belair Rd. 6



### MARYLAND STATE DEPARTMENT OF HEALTH

2385

2411 N. Charles Street, Baltimore

### **CERTIFICATE OF DEATH**

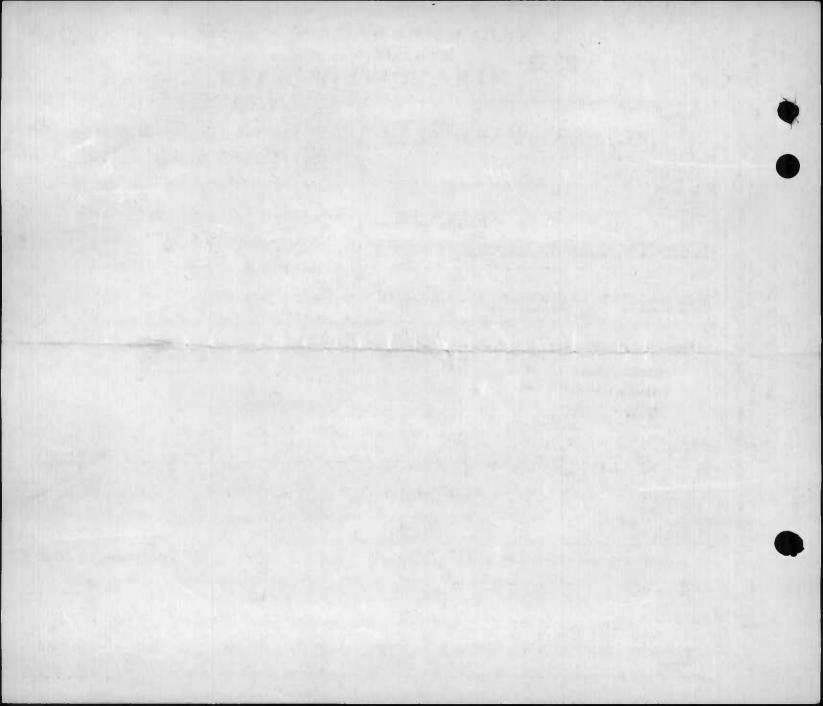
Reg. Dist. No. 4

1. PLACE OF DEATH GALTIMUSE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED. COUNTY Balk
CITY (If outside corporate limits, write RURAL and OR give nearest town)  TOWN  LENGTH OF STAY (in this piace)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
HOSPITAL OR INSTITUTION OR 76 7 2 Street ADDRESS	STREET ADDRESS 707 (If rural, give location)
3. NAME OF DECEASED (First) (Middle) The (Type or Print)	(Last)   4. DATE (Month) (Day) (Year) OF DEATH 3 - 1/2 1953
5. SEX    6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday II under 1 year II under 24 hrs 7-/- 87 10 yrs. II under 24 hrs Months. Days II under 24 hrs
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Indianal Mults	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME ?
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No. (Yes, no, or unknown) (If year, give war or dates of service)	many 1. Heren - 707 V At hannes
18. MEDICAL CE	RTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Trius	reumonia 10 Bayo
Antecedent cause(s)	tina Scherosia
Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	Joseph John John John John John John John Joh
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes No
21. ACCIDENT (Specify) PLACE (Home, farm/factory, street, OF office bidg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY Mork At work	How did injury odcur?
22. I hereby certify that I attended the deceased from Cilelius	154, to march 12, 155, that I last saw the deceased
alive on	ADDRESS DATE SIGNED
23 BURIAL CREMATION   DATE I NAME OF GEMETE	n. Man X Patto 22m 3 1355- ERY OR CREMATORY LOCATION (City Jown, or county) (State)
REMOVAL (Specity) 3-17-55 and	Lies Dalto Mol
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-15-55	Samuel W. Sullovan In
J	1011 7. arlington Com L Bata

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles Street, Baltimore

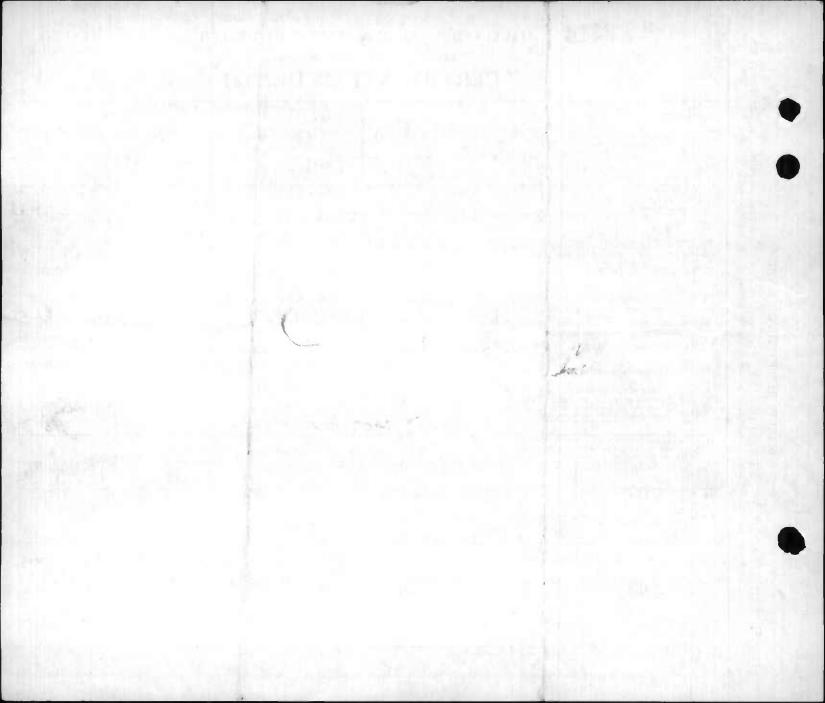
### CERTIFICATE OF DEATH

tem 9, FilmG179 3-28-55 et	E OF BERTIII R	eg. Dist. No
1. PLACE OF DEATH COUNTY Sulto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECE	COUNTY)
OR TOWN TO THE TOWN OF STAY	CITY (If outside corporate limits, write R OR TOWN Mano	URAL and give nearest town)
HOSPITAL OR ON INSTITUTION OR 2704 Mc Comas Wol	ADDRESS 1704 Mc Co	ve location) was awa
3. NAME OF DECEASED (Fifst) Carlotte (Fig. 7)	lerget 4. DATE OF DEATH	(Month) (Day) (Year)
5. SEX 7 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) ULL COU	8. DATE OF BIRTH 9. AGE last birth	day If under 1 year If under 24 hr. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. USUAL OCCUPATION (Give kind of work line) and line work line with the line work line with the life work life work line with the life work l	11. BIRTHPLACE (State, or foreign country)	12. CITIZEN OF WHAT COUNTRY!
13. FATHER'S NAMED	14. MOTHER'S MAIDEN NAME	
15. Was Deceased Ever In U.S. Armed Forces?   16. Social Security No. (Yes, no, or unknown)   (If yes, give war or dates of service)	Fottie Bechu 15	31 W. Balloft
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	Embolism	INTERVAL BETWEEN ONSET AND DEATH  / HOUR
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)  Appearance  (c)  Appearance  (c)  Appearance  (d)	N leposis-Senile de	mentie.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	IRP charges	
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes \( \) No \( \)
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hidg., etc.)  NJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
alive on March 15, 19.5.5, and that death occurred at	ADDRESS from the causes and on	the date stated above. DATE SIGNED  1. 3/16/5-5
Survey 3/18/5 first www	BY OR CREMATORY LOCATION (City,	ned
DATE REC'D BY LOCAL REGISTRAD'S SIGNATURE	Paul Helmany 6	067 HILLER RI

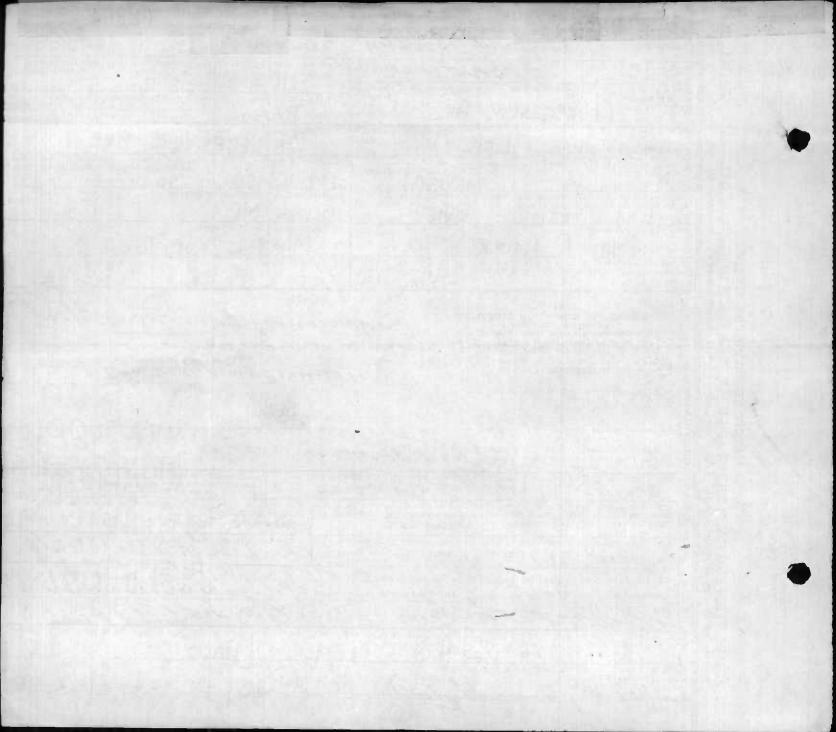
The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



	he	18	CERTIFICATE	OF DEATH	Registered No.
,	Į.	1. (T	(Type or Print) WILLIAM JOSEPH	Houck	2. DATE OF BEATH 3 22 55
4	Allddins	Α.	A. Baltimore On, Maryland	STATE MO	here deceased lived. If institution: residence before admission
1	>	H	B. FULL NAME OF (If not in hospital or institution, give street address or location)  REGESTER AVE.	CITY OR TOWN (If o	outside corporate limits, write RURAL and giv
M	carefull egibly.		Yrs. O	STREET ADDRESS (If F	ural, give location)
151	d be care	APPROVE	c. Length of stay in Baltimore LIFE Moss, Days Days 5. SEX [6. COLOR OR RACE   7. SINGLE, MARRIED.   8.	L DATE OF BIRTH	9. AGE (In years   H Under 1 Year   H Under 24 Hours
	should learly and		WIDOWED, DIVORCED (Specify) S	EPT. 18, 1904	last birthday) Months Days Hours Min.
	on she	WOR.	10A. USUAL OCCUPATION (Givekind of 10B. KIND OF BUSINESS OR INDUSTRY)	BAITO. MO.	reign country) 12. CITIZEN OF WHAT COUNTRY
	aticati	13	13. FATHER'S NAME	4. MOTHER'S MAIDEN NA	
	BINDING of inform uses of dea	15 (Ye	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no or unknown) (If yes, give war or dates of service) SECURITY NO.	7. INFORMANT	KOBINSON
	of of ises	-	No 1213-01-2213	THURK. HOW	CK ABOVE
	0 40 40		DISEASE OR CONDITION DIRECTLY LEADING TO DEATH	COMP LE	ET FEMUR 3/29/
	100		(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
	S. C.			FRALIZED /	METATASIS 10/5-4
	RESE INK.	TION	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE DUE TO		
	GIN OING	-ICA	UNDERLYING CONDITION LAST.		
	MARGIN UNFADING Physicians:	ERTIF	OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE TIMPOTAT	104 LEFT L	56 - SARCO 3/19 for
	het ./	Ö	DISEASE OR CONDITION CAUSING IT.  19A. DATE OF OPERATION 19B. CONDITION FOR WHICH OPER	RATION   IF OPERAT	TION WAS RELATED TO 20. AUTOPSY?
	ILY, WITH important.	OICAL	214 ACCIDENT WAS MUDERLYING THE PLACE OF IN HIPY (6.2	, in or 21C. WHERE DID (I	R PART II YES NO I
1	. 0	MEDI	Σ	INJURY OCCUR?  HARFORD TO  21F, HOW DID INJU	
I			OF INJURY 129 /800 m. 21E. INJURY OCCURRED  WHILE AT WORK  AT WORK	-11	on yeltal (Soine t
	FE PLATI especially		22. I hereby certify that Lattended the deceased from 10/10/10/10/10/10/10/10/10/10/10/10/10/1	20/54, 19 , to 3/	19, that I last saw the causes and on the date stated above
			23A. SIGNATURE 23B.	ADDRESS Jack	23c. DATE SIGNED
	PLEASE WRI	2 TI	24A. BURIAL, GREMA- 24B. DATE TION, REMOVAL (Specify)	OR CREMATORY 24D. LC	OCATION (City, town, or county) (State)
	EAS	D	BURIAL 3-6-113 HOU KEVEE	5. FUNERAL DIRECTOR	ADPRESS O
	E 00		2-2KST Q. N. Hodrick	W. JENKINS & SI	ons (0.4905 YORK KO.
			VS 150		



2387	CERTIFICATE	OF DEA	ATH	Reg. Dist. 1	vo. 44
I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF	F DECEASED:	
2000		COT 4 (T) 72	Sa	COUNTY	7
CITY (If outside corporate limits, wr	MARYLAND	STATE (If outsid	a corners of mite	write RURAL and	
OR and give nearest town) TOWNEDGEMERE (19	(in this place)	OR TOWN	e corporate prins	AS	X
IIOSPITAL OR INSTITUTION OR STREET ADDRESS 2628 BR	ANNON AUE.	STREET ADDRESS	(If r	ural give location)	1
3. NAME OF DECEASED: (Type or Print) FLORENCE	(Middle)	(Last)	4. DATE OF DEATH:	(Month) (Day) 3 - 6 -	(Year) 19 5 5
5. SEX:   6. COLOR OR   7. SIN RACE:   WI	NGLE, MARRIED, 8. DATE OF CONTROL	F BIRTH: 24,1888	11	Months Days	Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life even if retired 1958 SEFE	f 10b. KIND OF BUSINESS OR INDUSTRY:		NNA	CO	TIZEN OF WHAT UNTRY?
13. FATHER'S NAME:		14. MOTHER'S MAII			
NATHANIEL I	RECHTEL	ELIZABEI	TH CUL	LVEY	
15 WAS DECRASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or dates service)		SHN E. 140	DRESS:	18 BRANNO	N AVE.
	18. MEDICAL CERTIFICATION			_# FY/LGA &	Interval Between
1. DISEASES OR CONDITIONS DIRECT	ante Com	mary may	fring		Onset And Deat
Antecedent causes (s) Diseases or conditions, if any,	(a) UE TO arthrusclers	The Hart	Sines	٤	4 yrs.
stating the underlying cause last. D	UE TO			14	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death be related to the disease or condition cause	ut not			TABLE	
19a. DATE OF OPERATION:   19b. MA.					20. AUTOPSY
				S. And	Yes No
SUICIDE	LACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOW	'N) (C	OUNTY) (ST	ATE)
TIME (Month) (Day) (Year) (Hour OF INJURY n	While at Not While	HOW DID INJUR	Y OCCUR?		
22. I hereby certify that I attended alive on Mar 6, 1958, as SIGNATURE  23. BURIAL, CREMATION,   DATE THE	nd that death occurred at (Degree or title)	9:10 A.M. from 520 D. St.	m the causes and DRESS	nd on the date st	ated above.
REMOVAL A(Specify) 3-9-	55 LUTHERAN + 1	EFORM	BRWIN-	PENNA.	
DATE REC'D BY LOCAL RECISTRA	AR'S SIGNATURE	4. FUNERAL DIRE	CTOR	10.1.11	ADDRESS



BUREAU V. S.

5/4 6

2388	CERTIFI	CATE	OF I	DEAT	H'.	Reg. 1	Dist. N	No. 30	• • • • • • • • • • • • • • • • • • • •	
I. PLACE OF DEATH:		1 2	. USUAL I	RESIDENC	E (HOME)	OF DECEASE	D:			
Baltimore										
COUNTY MARYLAND			STATE Maryland COUNTY CITY (If outside corporate limits, write RURAL and give nearest town							
CITY (If outside corporate limits, work and give nearest town)  TOWN  Cat onsville	rite RURAL LENGTH (in this	OF STAY piace)	OR	Baltim		ts, write RURA	3 V	O /-	4	
MIOSPITAL OR INSTITUTION OR STREET ADDRESS Paradise	Nursing Home		STREET ADDRESS	s 6816	Gough	rural give loca St.	ation)		/	
3. NAME OF (First) DECEASED: (Type or Print) DWARD	SED: Print) EDWARD A.		(Last) 4. DATE OF DEATH:			(Month) (Day) : March 23, 195			(Year) 5519	
5. SEX: 6. COLOR OR 7. SI RACE: White (S	NGLE, MARRIED, IDOWED, DIVORCED, pecify): Married	8. DATE OF Aug. 2	віктн: 1, 1891		AGE last bir 63	yrs. Months	Days		Min.	
10a. USUAL OCCUPATION Give kind of work done during most of working life even if retiredForeman	Bational Car			place (s yland	tate or forei	gn country):	CO	UNTRY!	F WHA	
13. FATHER'S NAME:		I	4. MOTHER		N NAME:					
? Hoyt			?							
15 WAS DECEASED EVER IN U.S. ARMED FORCE (Yes, no, or unk.) (If Yes, give war or date service)	es? 16. Social Security					Gough S	t.			
Antecedent causes (s) Diseases or conditions, If any,	18. MEDICAL CEI TLY LEADING TO DE (a) MACOCA R UE TO (b) MATRIAL	ATH ,	fail	LERE TATI	con .			Interval Onset A 72 h		
giving rise to the above cause stating the underlying cause last. D	(c) Apterio	Sclane	tie (	CV	D		1	luxu	ww	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death be related to the disease or condition cau  19a. DATE OF OPERATION: 19b. MA	ut not sing death. Nemi		(2) Pa	Rian	Seniam	sm_		20. AU	US. TOPSY	
SUICIDE	LACE (Home, farm, fac F office bldg., etc.) NJURY	tory, street,	(CITY O	R TOWN)	(	COUNTY)	(ST.	ATE)		
	while at Not Work At	While Work [	HOW DID							
22. I hereby certify that I attended	d the deceased from	9-29	,19.59, to	3-23	, 19	5.5, that I	last sa	w the d	lecease	
alive on 3-73, 19.55, a	rakese M.I	),	Cara	SIN	Le 28	Md	3-	-75.	ove. 55 State)	
Burlan (Specify) March		kwood	OR CREM	ATURY		(City, town, rkville,		13)	Jace,	
DATE REC'D BY LOCAL REGISTR.	AR'S SIGNATURE		. FUNERA		OR			ADDRES	S	
REGISTRAR3-26-55	Hanne	U	llrich	runera	1 Home	4210 Bel	air F	load.		

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MARGIN RESERVED FOR BINDING



BUREAU V. S.

of Gersta Van Obern University of Practice Van

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Physicians

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. 1951, to March 1955 that I last saw the deceased CREMATION. DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE

4 1, ' 4 1, '

is especially important. Physicians: please write the causes of death clearly and legibly.

Supply

UNFADING INK.

PLAINLY,

WRITE

OR age

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The

every item of information carefully.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ND	STATE	DEPARTMENT	OF	HEALTH-	-BALTIMOR	E,	18	02369
	CEF	RTIFICATE	OF	F DEATH	H R	leg.	Dist.	No. 44

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY
CITY (If outside corporate limits, write RURAL) OR and give nearest town) TOWN FORT HOWARD LENGTH OF STAY (in this place) 2 DAYS	
HOSPITAL OR INSTITUTION OR	STREET (If rural give location) ADDRESS
3. NAME OF (First) (Middle)	
DECEASED: (Type or Print) SYLVESTER W. HUN'	OF'
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): SINGLE 11-7-	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): HUCKSTER	BALTIMORE, MARYLAND U.S.A.
13. FATHER'S NAME: GEORGE HUNTER	14. MOTHER'S MAIDEN NAME: SUSIE COTTMAN
(Yes, no, or link.) (If Yes, give war or dates of service) WW T	17. INFORMANT & ADDRESS: CLIN.REC., VET.ADM.HOSPITAL, FT. HOWARD, M
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	EROTIC CARDIOVASCULAR DISEASE APPROX. L
ANTECEDENT CAUSE (8)  ANTECEDENT CAUSE (8)	MOS
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. BRONCHOPNEL	MONIA, BILATERAL, BASILAR
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	20. AUTOPSY? YES ND
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor Contributing   Cause of Death of Injury street, office bldg.	
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work at work	D 21F. HOW DID INJURY OCCUR?
20 Y bearing and the Alexander and the decreed from MARCE	1 2 10°C ANADOU 1. 10°C

DATE REC'D BY LOCAL

REGISTRAR

2391

22. I hereby certify that Alattended the deceased from MARCH 2, 1955, to MARCH 4, 1955, the bibliotic and income across and that death occurred at 9:00AM, from the causes and on the date stated above.

ADDRESS DATE SIGNED

FRANCIS G. DI
23. BURIAL, CREMATION,
REMOVAL (SPECIFY) MOUNT CALMARY CEMETERY

BALTIMORE, MARYLAND

(State)

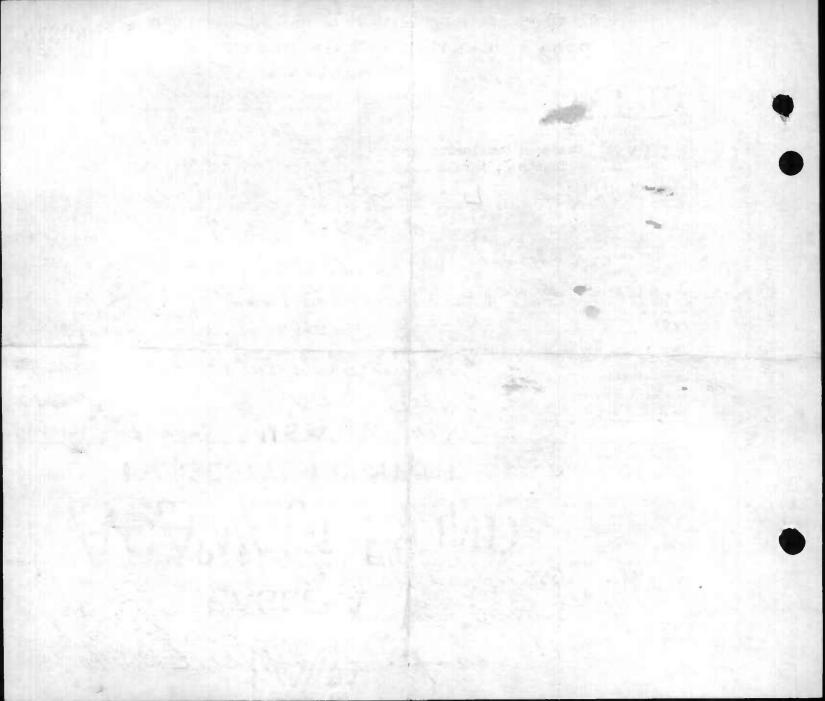
ADDRESS

24. FUNERAL DIRECTOR
Mrs. Samuel T. Hemsley

578 W. Biddle St., Balto., Maryland

A15.

ocala asuace of Manager actions



The	MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18 E OF DEATH Reg. Dist.	02371		
	7393				
carefull legibly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE			
are	COUNTY Beltimora MARYLAND	STATE Maryland COUNTY F	altimor		
tion c	CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Cockey aville	CITY(If outside corporate limits, write RURAL and give nearest town OR TOWN Cockeysville			
of information carefully.	HOSPITAL OR INSTITUTION OR STREET ADDRESS York Road	STREET (If rural give location)  York Road			
m of informa	3. NAME OF (First) (Middle)  DECEASED: (Type or Print) IRWIN MELVILLE ISAACS	(Last) 4. DATE (Month) (I OF DEATH: March	Day) (Year) 30, 19 55		
ite	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED.   May 6	9. AGE last birthday   Funder 1 v   Months   D	EAR 1F UNDER 24 HRS. Days Hours   Min.		
y every causes	NOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner Estate Gardens	Maryland   11. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT COUNTRY?		
ply ne o	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1/1 - 1 - 1 - 1		
Supply te the c	Bradley Idaacs	Mary Blanche Isaacs			
FOR BINDI INK. Supply se write the	(Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: Family Records			
NIC Id	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	myseardial infurction	ONSET AND DEATH		
IN KESEK TH UNFAI Physicians:	ANTECEDENT CAUSE (8)  DISEASES OR CONDITIONS, IF ANY. (B)	vary thrombosis	ed lend years.		
WITH t. Phy	STATING UNDERLYING CAUSE LAST.				
of.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	-selevosis	3.		
-	TO THE DEATH BUT NOT RELATED TO THE		24-36 BE		
NI	DISEASE OR CONDITION CAUSING DEATH.  19A, DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?		
3			YES NO D		
-	21A. ACCIDENT WAS UNDERLYING \( \bigcap \) 21B. PLACE (Home, farm, factor of the contribution of the contr	etc. INJURY OCCUR?	ty) (State)		
× m	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work 21F. HOW DID INJURY OCCUR?				
TYPE OF	alive on Mar. 28, 1955, and that death occurred at SIGNATURE				
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETING PRINCIPLE April 2,1955 Loudon Park	Cemetery Baltimore, Mary			
PL	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR THIN 1955 University MacRae	FINE SULLE STREET, TOWSON, M	ADDRESS aryland		

BUREAU V. S.

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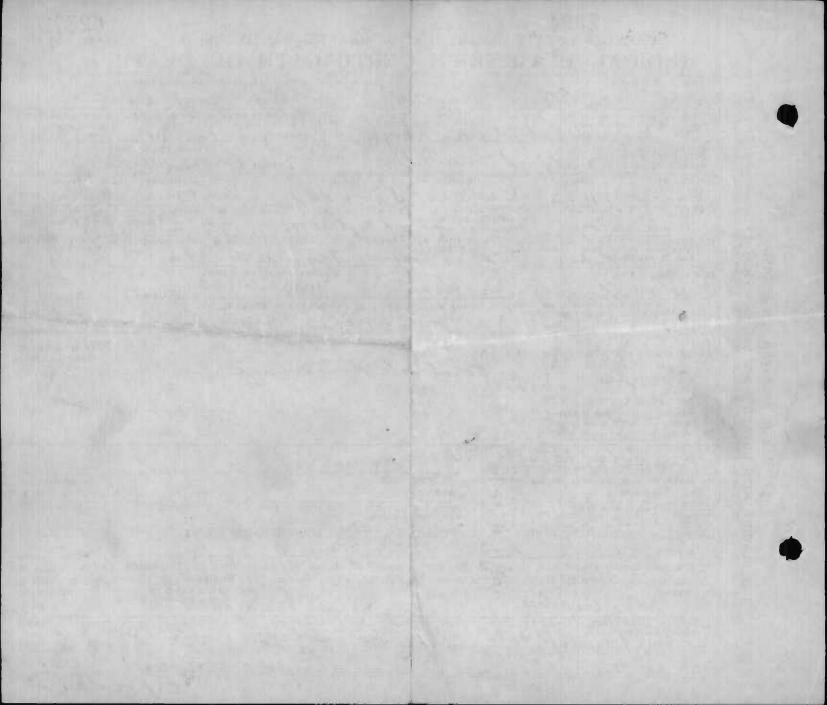
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### FilmG179 3-31-55 et E DEPARTMENT OF HEALTH—BALTIMORE, 18 MARYLAND

()2372 Reg. Dist.

#### MEDICAL EXAMINER'S CERTIFICATE DEATH OF

	4	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY B. CTO. MARYLAND	STATE And COUNTY Ball	6
CITY (If outside corporate limits, write RURAL   LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	l give nearest town)
OR and give nearest town) TOWN Swann Pak Lot. Bett 20 mgs	TOWN Groun Jah Jet.	Boltony
HOSPITAL OR	STREET (If rural, give location)	1
INSTITUTION OF STREET ADDRESS Wilford Will ad.	ADDRESS milford mill-Ro	1.
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day	(Year)
DECEASED: (Type or Print) THOS. LANDAN. UA.	CKSON DEATH MAR 2:	3 1953
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATI	E OF BIRTH: 1/7 9. AGE last birthday: FUNDER 1 y	
male testorid (Specify): married 3	cp 30 16   yrs.	ays   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	R' 11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WILAT
even if retired): Laborer Stone June		W5, a.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Mus. Landan Jackson	martha Ellen (sait)	
15. WAS DECEASED EVER IN U.S. ARMED FORCE 1 16. SOCIAL SECURITY No.: Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDRESS:	
no. service) none. 21701-0331	, Ellen Jane Jackson	~ (aryo)
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Immediate cause (a) Cerebral (	Kmorrhage	7 loss.
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		THE PERSON NAMED IN
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	nt.	
198. DATE OF OPERATION: 198. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
how. woul.		Yes 🗌 No 🗷
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   CAUSE OF DEATH. OF CAUSE OF DEATH. OF CAUSE OF DEATH.	n.	(State)
21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   OF While at Not while INJURY   M.   work   at work	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descri	bed above, held an Autopsy □, Inspection N	Inquiry M. and
find that death resulted from: Natural causes 5, Accid	dent [], Suicide [], Homicide [], Undeter	
SIGNATURE	CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	DATE SIGNED
A.D. Caples	M. D. ASSISTANT MEDICAL EXAM.	3-23-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL. (Specify): 3/26/55	onas Cim. Balto Co	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
march 26 1955 R.W	Mayner Janders	411
	() ED.0	CTALL ST



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

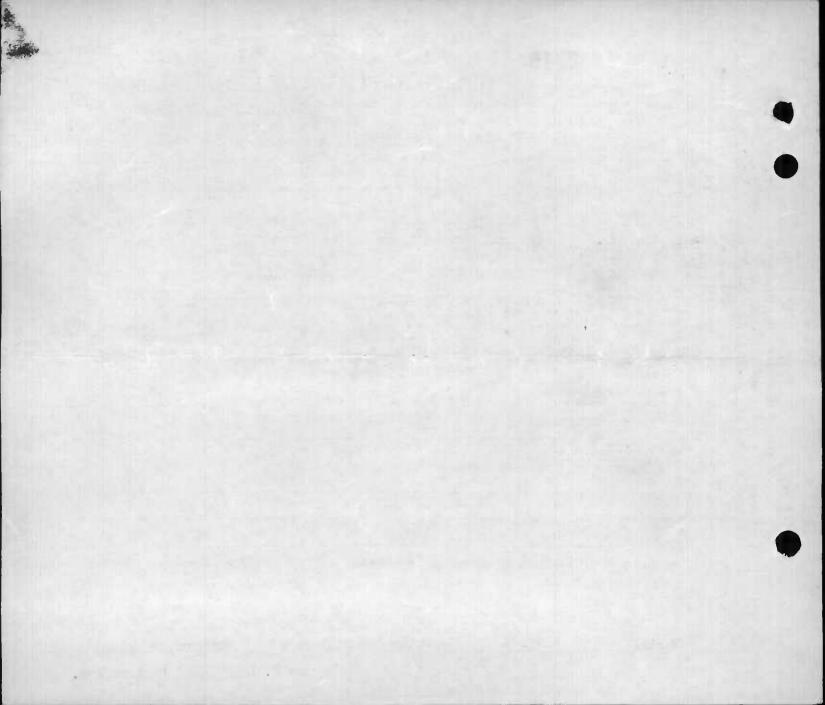
Reg. Dist. No ...

02373

I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	. 0 –
Jallimone Maryland	114/44/9NO	109/1140xc
CITY (If outside corporate limits, write RURAL and OR give nearest town) Ava ((in this place)	CITY (II outside corporate limits, write RURAL and giv	re nearest town)
	TOWN WANDAIN 22	53
HOSPITAL OR	STREET (If rural, give location)	/
STREET ADDRESS 502 New PITTS bugg A AVY.	ADDRESS 502 New PITTS bunch A	4ve
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) JANNIE YOUNG	Tanas OF W.	10
	8. DATE OF BIRTH   9. AGE iast birthday   If under	/ 8, 193
WIDOWED, DIVORCED,	Months	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR	1 CONMAN 98, 1909 46 yrs. 1	10
dene during most of working life, even if retired)  INDUSTRY ( Leaf )   Company   Comp	11. BIRTHPLACE (State or foreign country) 12	COUNTRY? // C
Machine Coeffaton Industry Electric Co.  13. FATHER'S NAME!		45.
13. FATHERS NAME	14. MOTHER'S MAIDEN NAME	
WILLIAM VOUNG	Hattle Helly	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or upknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS	
NO  service) - 217 12 7413	ROOSEVELT James 502 Mew PITTS &	URUL AVO #22
18. MEDICAL CE		1
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN
n		ONSET AND DEATH
17/X Immediate cause (a) Broncho-PNem.	MONIQ	2days
11		2
Antecedent cause(s) Diseases or conditions, if any, (b) Caneinoma of	CERVIX	1
giving rise to the above cause		
stating the underlying cause last		
(c)		U
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No P
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
SUICIDE OF office bldg., etc.) INJURY		
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY  m. While at Not While Work At work		
	-1 0 1	
22. I hereby certify that I attended the deceased from FS0R4949.	2, 1955 to March 18 1953 that I last si	aw the deceased
	- 22	
alive on Manch 18 , 1955, and that death occurred at	Om., from the causes and on the date sta	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Stilles De solo mad 140 Och August	Dudalkan med march	· R
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	RY OR CREMATORY LOCATION (City, town, or count	6, 1955
DENACTAT (Consider)		(State)
	orial Park   Arbutus, Marylan	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	CO m	ADDRESS
3-x1-55 14 14 Holmeto	Charles R. Law 802 Madison	Ave.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age



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		refu	
1		care	
1	181	tion	
	_	na	

The

legibly.

and

clearly

information death DECEASED: Angeline Jenkins (Type or Print) item 6. COLOR OR 17. SINGLE, MARRIED, 8. DATE OF BIRTH: RACE: WIDOWED, DIVORCED To (SpecifyWidowed Female every causes OA. USUAL OCCUPATION (Give kind of) 108. KIND OF BUSINESS work done during most of working life. OR INDUSTRY: even if retired): Housework Supply 13. FATHER'S NAME: Daniel Moore 15. WAR DECEASED EVER IN U.S. ARMED FORCEST IS. SUCIAL SECURITY NO. WF X. (Yes, no, or unk.) (If Yes, give war or dates Z of service) ease Unknown MARGIN RESERVED ADING I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH d Cardiac failure Physicians IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST WITI (C) important. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. AIN 19A. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION PL especially 218. PLACE (Home, farm, factory.) 21A. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. WRITE (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) While Not while OF INJURY at work at work 07 R 22. I hereby certify that I attended the deceased from 9-23-0 TYPE CC\$

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: COUNTY Ann Arundel countyBal timore STATE Mary land CITY (If outside corporate limits, write RURAL) CITY(If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY and give nearest town) mo . Iliday Trown Catonsville Town Annapolis HOSPITAL OR STREET (If rural give location) INSTITUTION OR STREET ADDRESS Spring **ADDRESS** Grove State Hospit Mile Oak 3. NAME OF (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) DEATH March 19 9. AGE last birthday! IF UNDER 24 HRS Months Hours 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT USA Alabama 14. MOTHER'S MAIDEN NAME: Martha Moore 17. INFORMANT & ADDRESS Records Spring Grove State Hosp. ONSET AND DEATH Arteriosclerotic c. v. disease Years 20. AUTOPSY? NOK 21c. WHERE DID (City or town) (County) (State) INJURY OCCUR? 21F. HOW DID INJURY OCCUR? 155, that I last saw the deceased . 1954 to 3-9and that death occurred at 3:00 PM, from the causes and on the date stated above. Spring Grove State Hospitales Catonsville 28, Maryland SIGNATURE

NAME OF CEMETERY OR CREMATORY

Maryland

or county)

ADDRESS

i

rect

23. BURIAL, CREMATION,

REMOVAL (SPECIFY) DATE REC'D BY LOCAL

国

S



BUREAU V. S.

ب	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
rrec	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	No. 30
e င	I. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED:	
T.	COUNTY Baltimore MARYLAND STATE Maryland COUNTY Prin	ce George
carefully. The correct and legibly.	CITY (If outside corporate limits, write RURAL and OR and give nearest town) TOWN Catonsville LENGTH OF STAY CITY (If outside corporate limits write RURAL and OR OR Colmar Manor	give nearest town)
	HOSPITAL OR SINSTITUTION OR STREET ADDRESS Spring Grove State Hospital ADDRESS 3605 40th Place	1
matio	3. NAME OF (First) (Middle) (Last) (Last) 4. DATE (Month) (Day OF (Type or Print) John E. Joeckel 17.	) (Year) 19 55
n of information of death clearly	5. SEX: 6. COLOR OR NARRIED, WIDOWED, DIVORCED, Specify): Married 2-8-1878 9. AGE last birthday: Funderly Months Day of Specify): Married 2-8-1878 77 yrs.	ys Hours Min.
every item of he causes of	10a. USUAL OCCUPATION (Give kind of work life, even if retired): Salesman   10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country): 12.  Maryland   USUAL OCCUPATION (Give kind of kind of kind of work life, industry:   12.  Maryland   USUAL OCCUPATION (Give kind of k	COUNTRY?
y it	13. FATHER'S NAME:	
ver	George Joeckel Barbara Anna  15. Was Deceased Ever in U.S. Armed Forces? 16. Social Security No.: 17. INFORMANT & ADDRESS:	
Supply ever	15. Was Deceased Ever In U.S. Armed Forces 7 (Yes, no, or unk.) (If Yes, give war or dates of Unknown Service)  16. Social Security No.: 17. Informant & Address: Pring Grove State	Hospital
Sup	18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
Ze Ze	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	ONSET AND DEATH
JINK.	Immediate cause (a) OOTOTIAT 9 DITTORISO 22	
5	Antecedent cause(s)  Compared transfer of the control of the contr	
NIC	Diseases or conditions, if any, (b)	
AI	My straing underlying cause last	
UNFADING Physicians: I	II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Diabetes Mellitus Cirrhosis of live	er
ant	19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
N C	21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,   21c. (City or town) (County)	Yes No
VILY,	21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED   21f. HOW DID INJURY OCCUR?	(State)
AII	OF While at Nork   Nork   Nork	
RITE PLAINLY, WITH is especially important.	22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection find that death resulted from: Natural causes X Accident , Suicide , Homicide , Undeter	Inquiry , and mined cause DATE SIGNED
WRITE ge is es	SIGNATURE  SIGNATURE  M. D. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.	3-17-55
PLEASE	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or co	unty) (State)
LE	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
P	3/18/53 Umanda Wrong 1 / Sascia Son 23/19/00	00,114
	3-21-55 V.E. Harry	***

BUREAU V. S.

MERCHANTE CONTRACTOR IN A

281 58 RMI

BECEINED

(Day)

5

(Year)

Hours

12. CITIZEN OF

COUNTRY?

-19 55

Intervai Between

Onset And Death

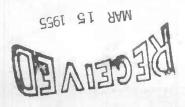
20. AUTOPSY 1 Yes No

(STATE)

DATE SIGNED

WHAT

REGISTRAR



BUREAU V. S.

EUREAU V. S.

113 ST 10EE

DECENTED

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2379

2398 CERTIFICATE OF DEATH

Reg. Dist. No.45

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Ba 1 to. MARYLAND	STATE Md COUNT	ry Ba. 1+
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL an	
OR and give nearest town)  TOWN  OS P d a / e  (in this place)	TOWN POSEDOLE	×
HOSPITAL OR	STREET (If rural give location)	. 1
INSTITUTION OR STREET ADDRESS /028 Sumter Are.	ADDRESS Sumter.	Ave
3. NAME OF DECEASED: John George Kinddle) (Type or Print) John George Ki	PP SY. 4. DATE (Month) (DRY) OF DEATH: March 4	(Year) 19 5 5
5. SEX:   S. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE	
Male White (Specify): Married Vuly	30th 1881 73 yrs. Months Da	ys Hours Min.
10a. USUAL OCCUPATION Give kind of 10b. KIND OF BUSINESS O	R   11. BIRTHPLACE (State or foreign country):   12. C	ITIZEN OF WHAT
work done during most of working life, even if retired): Floor Covering Own business		1.5 A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Elians KIPP	Mary Darney	
15 WAS DECEASED EVER IN U.S. ARMEO FORCES? 16. SOCIAL SECURITY No.: 17	. INFORMANT & ADDRESS:	um terAve
(Yes, no, or unk.) (If Yes, give war or dates of 2/2-34-8805	Mrs. John G. TIPP	w in it is the
18. MEDICAL CERTIFICAT	ION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between Onset And Desti
420.1 Grane	Dulinging	Sudden
Immediate cause (a) TO TO	our c	
Antecedent causes (s)	Occlusion tue Cardio-Vasular diseise	2 1101100
Eliting Tipe to the short campe	ue camo-vasura aisase	ayeur
stating the underlying cause last. DUE TO		
(c) 11. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY ?
		1
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street	t,   (CITY OR TOWN) (COUNTY) (S	Yes No
SUICIDE OF office bldg., etc.)		Yes No No NATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURED	HOW DID INJURY OCCUR?	
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	FATE)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF While at Not While INJURY m. Work At Work	HOW DID INJURY OCCUR?	FATE)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY m. While at Not While INJURY Thereby certify that I attended the deceased from	How did INJURY OCCUR?  1,19.5.4, to Musch 4., 1955, that I last s	rate)
HOMICIDE INJURY  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF M. While at Not While INJURY m. Work At Work  22. I hereby certify that I attended the deceased from	How did INJURY OCCUR?  1,19.5.4, to March 4., 19.5.5, that I last s  9.6.10	rate)
HOMICIDE  TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY  22. I hereby certify that I attended the deceased from lateral At Work alive on Manny, 195.6, and that death occurred at  Office or title)  Manny Gardine MD  Barrier Company  Office or title)	How DID INJURY OCCUR?  1,19.5.4, to Musch 4., 19.5.5, that I last s  9.6.1, from the causes and on the date s  ADDRESS  1	nate) saw the deceased tated above. TE SIGNED
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY  22. I hereby certify that I attended the deceased from lateral occurred at Injury (Degree or title)  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	How did injury occur?  1,19.5.4, to Musch 4., 19.5.5, that I last s  9.6.1, from the causes and on the date s  ADDRESS  BACKERY OF CREMATORY LOCATION (City, lower, fr cou	tated above.  TE SIGNED  (State)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED While at Not While INJURY  22. I hereby certify that I attended the deceased from alive on Manny, 1950., and that death occurred at (Degree or title)  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE BEMOVAL (Specify) 3/8/55 Oc. 17 Lace	How did injury occur?  1,19.5.4, to Musch 4., 19.5.5, that I last s  9.6.1, from the causes and on the date s  ADDRESS  BA  CRY OR CREMATORY LOCATION (City, lower, pr cou	saw the deceased tated above. TE SIGNED  THE SIGNED  THE SIGNED  THE SIGNED  THE SIGNED (State)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURED OF INJURY  22. I hereby certify that I attended the deceased from lateral alive on Manager (Degree or title)  23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE REMOVAL (Specify)	How did injury occur?  1,19.5.4, to Musch 4., 19.5.5, that I last s  9.6.1, from the causes and on the date s  ADDRESS  BACKERY OF CREMATORY LOCATION (City, lower, fr cou	tated above.  TE SIGNED  (State)

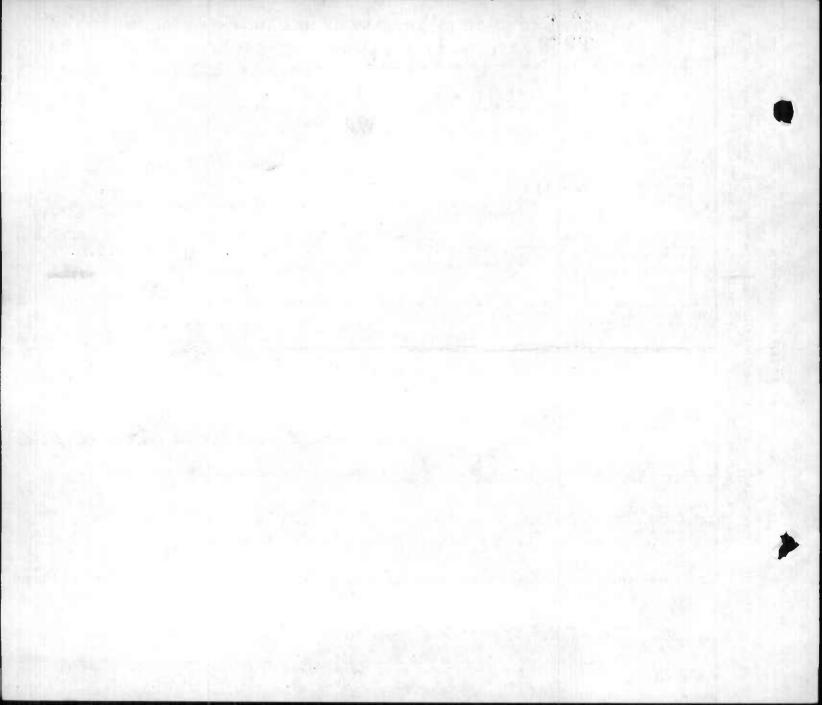
VS. A15



ZZGI II AAN



DECEASED: (Type or Print)	1. PLACE OF DEATH:			2. USUAL RESID	ENCE (HOME) O	F DECEAS	SED:
TOWN RUTAL - Deltinore   (in this place)   TOWN RUTAL - Deltinore   GVO   GV	COUNTY Paltimo	ore MAI	RYLAND	STATE Md.	COUN	TY /	过行北京大学
3. NAME OF (First) (Middle) (Last) (Last) (Proper Print) (Doc) (Type or Type or	OR and give nearest toy	limits, write RURAL LE	(in this place)	OR			L and give nearest tow 3 VOI - 4
DECEASED: (Type or Pint)  S. SEX:  G. COLOR OR 7, SINGLE, MARRIED, WIDOWED, DIVORGED, Dec. 16, 1881  ON OWN ACCUPATION (Give kind of 10s. Kind of Business Williams of Working life (Specify): SINGLE ACCUPATION (Give kind of 10s. Kind of Business Williams of Working life (Specify): SINGLE ACCUPATION (Give kind of 10s. Kind of Business Williams of Working life (Specify): SINGLE ACCUPATION (Give kind of 10s. Kind of Business Williams of Working life (Specify): SINGLE ACCUPATION (Give kind of 10s. Kind of Business Williams of Working life (Specify): Williams of Working	INSTITUTION OR		des .		(If rural)	give location	0n)4605 York F
DA. USUAL OCCUPATION (Give kind of working fire kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. USUAL OCCUPATION (Give kind of even if retired):  OA. OA USUAL OCCUPATION (It yes all the plant of the plant of even if retired):  OA. OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA. OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA. OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA. OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if retired):  OA OA USUAL OCCUPATION (It yes all the plant of even if yes al	DECEASED:		Klu	g	OF	(onth)	6 1955
work done during most of working life. Accordingly:    Seven if retired): most first the country of the country	- RACE:	WIDOWED, DIVOR	CED		77	Months	
Appolonia A. Hupp  D. War Deceased Ever in U.S. Armed Forces: Yes, no, or unk. If Yes, give war or dates  O service)  18. Medical Security No.  18. Medical Certification  I DISEASES OR CONDITIONS DIRECTLY LEADING TO PRATH  IMMEDIATE CAUSE ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  O THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION RELATED TO THE  DISEASE OR CONDITION CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  20. AUTO YES  10. TIME (Month) (Day) (Year) (Hour) M. at work and the date stated above the state of the date stated above the state of the date of the date stated above the state of the date of the date stated above the state of the date of the date stated above the state of the date of the date stated above the state of the date of the date stated above the state of the date of	A. USUAL OCCUPATION (Gi work done during most of we even if retired):	ve kind of 10B. KIND Corking life. ACCOUNT	DE BUSINESS			untry):  1	COUNTRY?
Yes, no, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICATION  I DISEASES OR CONDITIONS DIRECTLY LEADING TO PRATH  (A)  (A)  (B)  (B)  (B)  (C)  (C)  (C)  (C)  (C		3					
IS. MEDICAL CERTIFICATION  INTERVAL BOOKS OR CONDITIONS DIRECTLY LEADING TO BEATH  ANTECEDENT CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  9A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  20. AUTO YES  R CONTRIBUTING CAUSE OF DEATH 19 TIME (Month) 19 TIME (Month) 10 TIME (Month) 10 TIME (Month) 10 TIME (Month) 10 TIME (Month) 11 TIME (Month) 12 TIME (Month) 13 TIME (Month) 14 TIME (Month) 15 TIME (Month) 16 TIME (Month) 17 TIME (Month) 18 TIME (Month) 19 TIME (Month) 10 TIME (Month) 10 TIME (Month) 10 TIME (Month) 11 TIME (Month) 12 TIME (Month) 13 TIME (Month) 14 TIME (Month) 15 TIME (Month) 16 TIME (Month) 17 TIME (Month) 18 TIME (Month) 19 TIME (Month) 10 TIME (Month) 10 TIME (Month) 10 TIME (Month) 10 TIME (Month) 11 TIME (Month) 11 TIME (Month) 12 TIME (Month) 12 TIME (Month) 13 TIME (Month) 14 TIME (Month) 15 TIME (Month) 16 TIME (Month) 17 TIME (Month) 18 TIME (Month) 19 TIME (Month) 19 TIME (Month) 19 TIME (Month) 19 TIME (Month) 10 T	Yes, no, or unk.) (If Yes, give	war or dates				5211	l TillburyW
I DISEASES OR CONDITIONS DIRECTLY LEADING TO BRATH  IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DUE TO  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B)  DUE TO  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATION  20. AUTO YES  10D. TIME (Month) (Day) (Year) (Hour) 12 IE INJURY OCCURRED While Not while at work  21 In PLACE (Home, farm, factory, injury occur?  21 In PLACE (Home, farm, factory, injury occur?  21 In TIME (Month) (Day) (Year) (Hour)  22 I I hereby certify that I attended the deceased from Que, injury occur?  23 I hereby certify that I attended the deceased from Que, injury occur?  24 In Place (Home) Attended the deceased from Que, injury occur?  25 In Place (Home) Attended the deceased from Que, injury occur?  25 In Place (Home) Attended the deceased from Que, injury occur?  26 In Place (Home) Attended the deceased from Que, injury occur?  26 In Place (Home) Attended the deceased from Que, injury occur?  27 In Place (Home) Attended the deceased from Que, injury occur?  28 In Place (Home) Attended the deceased from Que, injury occur?  29 In Place (Home) Attended the deceased from Que, injury occur?  20 In Place (Home) Attended the deceased from Que, injury occur?  20 In Place (Home) Attended the deceased from Que, injury occur?  20 In Place (Home) Attended the deceased from Que, injury occur?  20 In Place (Home) Attended the deceased from Que, injury occur?  21 In Place (Home) Attended the deceased from Que, injury occur?  22 In Place (Home) Attended the deceased from Que, injury occur?  23 In Place (Home) Attended the deceased from Que, injury occur?  24 In Place (Home) Attended the deceased from Que, injury occur?  25 In Place (Home) Attended the deceased from Que, injury occur?  26 In Place (Home) Attended the deceased from Que, injury occur?  27 In Place (Home) Attended the deceased from Que, injury occur?  28 In Place (Hom	, , , , , , , , , , , , , , , , , , , ,						
OF INJURY  TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERATION  20. AUTO YES  21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., etc.  21b. PLACE (Home, farm, factory, 21c. Where DID (City or town) (County)  21c. TIME (Month) (Day) (Year) (Hour) (Steephology)  21d. TIME (Month) (Day) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year) (Hour) (Year)	420.1	(A) _(		rang To	hronba	er is	ONS AND DEA
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory, Programmer) 21C. WHERE DID (City or town) (County) (Storage of Contributing Cause of Death Of Injury street, office bldg., etc. Injury occur?  21B. PLACE (Home, farm, factory, Programmer) 21C. WHERE DID (City or town) (County) (Storage of County) (Sto	IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV	(A) DUE TO  (S)  IF ANY, (B) A  E CAUSE DUE TO		rang Tr	Carlo	Ren	-
21a. ACCIDENT WAS UNDERLYING   21b. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OF INJURY street, office bldg., etc. INJURY OCCUR?  (If EITHER, NOTIFY MEDICAL EXAMINER)  21b. TIME (Month) (Day) (Year) (Hour) 21c INJURY OCCURRED While at work   21f. HOW DID INJURY OCCUR?  (While at work   190, that I last saw the decay of the de	IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL	(A) DUE TO  IF ANY. E CAUSE USE LAST.  (C)	Droit Syper	rang To Veneria	Cardo Dises	Ren	-
CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work 21F. HOW DID INJURY OCCUR?  While Not while 1 at work 21F. HOW DID INJURY OCCUR?  While Not while 1 At work 21F. HOW DID INJURY OCCUR?  While at work 31F. HOW DID INJURY OCCUR?  While Not while 31F. HOW DID INJURY OCCUR?  AND WHILE NOT WHILE	IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION	(A) DUE TO  (S)  IF ANY. E CAUSE USE LAST.  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.	Oron Sypen NG	leneni Seulan	Cardo. Disea	Ren	-
While at work   Not while   22. I hereby certify that I attended the deceased from 100, 1913, to March 1, 1915, that I last saw the deceased from 100, 1915, and that death occurred at 3 M, from the causes and on the date stated above signatures   M.D. 710/March 2	IMMEDIATE CAUSE ANTECEDENT CAUSE DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION	(A) DUE TO  (S)  IF ANY. E CAUSE USE LAST.  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.	Oron Sypen NG	leneni Seulan	Cardo. Dises	Ren	ONSA) AND DEA
alive on Musch 1, 1911, and that death occurred at AM, from the causes and on the date stated above ADDRESS  ADDRESS  M. D. 70 1 Yush A 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IMMEDIATE CAUSE  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAU  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLOW CONTRIBUTING CAUSE	(A) DUE TO  (S)  IF ANY, E CAUSE USE LAST.  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.  19B. MAJOR FINDINGS  LYING 21B. PLACE OF DEATH OF INJURY	MG  (Home, farm, fact	leneni Descular	Carlo Carlo Disco	· Kens	20. AUTOPSY
Charles Foon el M.D. 7501 yash &d 3/7/51	IMMEDIATE CAUSE  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE ( If EITHER, NOTIFY MEDICAL EXA  21D. TIME (Month) (Day) (Y	(A) DUE TO  (S)  IF ANY. E CAUSE USE LAST.  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.  19B. MAJOR FINDINGS  LYING 21B. PLACE OF DEATH MINER)  21B. PLACE OF INJURY While While	NOT OPERATION (Home, farm, fact street, office bldg.,	ory. 21c. WHERE I INJURY OCCU	R7	Reno	20. AUTOPSY
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	IMMEDIATE CAUSE  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE ( (IF EITHER, NOTIFY MEDICAL EX- 21D. TIME (Month) (Day) (Y OF INJURY  22. I hereby certify that I alive on Musch 1	(A) DUE TO  (S)  IF ANY. E CAUSE USE LAST.  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.  19B. MAJOR FINDINGS  LYING DEATH AMINER  (A)  (B)  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.  19B. MAJOR FINDINGS  LYING DEATH OF INJURY While at work  (A)  (A)  (C)  (C)  (C)  (C)  (C)  (C)	MG  S OF OPERATION  (Home, farm, fact street, office bldg., URY OCCURRED at work at wo	ory. 21c. WHERE INJURY OCCU 21f. HOW DID 21f. HOW DID 310 M, from t	Brch 6, 1955, he causes and o	that I la	20. AUTOPSY YES NO unty) (State)  ast saw the decease the stated above.
Burial (SPECIFY) March. 9, 1955 St. Mary's Cem. Baltimore, Maryland	IMMEDIATE CAUSE  ANTECEDENT CAUSE  DISEASES OR CONDITIONS, GIVING RISE TO THE ABOV STATING UNDERLYING CAL  II OTHER SIGNIFICANT CO TO THE DEATH BUT NOT DISEASE OR CONDITION  19A. DATE OF OPERATION:  21A. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE ( (IF ETHER, NOTIFY MEDICAL EX- 21D. TIME (Month) (Day) (Y OF INJURY  22. I hereby certify that I alive on Musch 3	(A) DUE TO  (S)  IF ANY. E CAUSE USE LAST.  (C)  NDITIONS CONTRIBUTI RELATED TO THE CAUSING DEATH.  19B. MAJOR FINDINGS  LYING DEATH OF DEATH M.  Pear) (Hour)  At work  Attended the decease 19, and that dea	Home, farm, fact street, office bldg., Not while at work drom to be the occurred at	ory. 21c. WHERE INJURY OCCU 21f. HOW DID 21f. HOW DID ADDRES D. 7	injury occur?  brehl, 1955, he causes and oss	that I la	20. AUTOPSY YES NO unty) (State)  ast saw the decease the stated above. DATE SIGNED



correct age is especially important. Physicians: please write the causes of death clearly and legibly.

UNFADING INK.

WRITE PLAINLY, WITH

OR

TYPE

PLEASE

Supply every item of information carefully. The

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02381 2400 Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF OEATH:		2. USUAL RESI	DENCE (HOME) OF DECEASE	D;
COUNTY Baltimore MARYL	ANO	STATE MO	rvland county	
CITY (If outside corporate limits, write RURAL LENGT	TH OF STAY		e corporate limits, write RURAL	and give nearest town
V TOWN	this place)	OR		di d
/ Mchorogu	weeks	Dar	timore City	3101-4
HOSPITAL OR INSTITUTION OR		STREET	(If rural give location)	
O STREET ADDRESS			ayner Avenue	
3. NAME OF (First) (Middle)	(I	ast)		Day) (Year)
OECEASED:			OF	(-1
(Type or Print) Katie A. Kohlstead			DEATH: March 2	
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED		OF BIRTH:	9. AGE last birthday IF UNDER 1	
Female White (Specify): Widowed	Aug.17	1869	85 yrs. Months I	Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 108. KIND OF B	BUSINESS	11. BIRTHPLACE	(State or foreign country):  12.	CITIZEN OF WHA
work done during most of working life. OR INDUST	RY:		The second secon	COUNTRY?
AT Home			County Maryland	
13. FATHER'S NAME:		14. MOTHER'S	MAIOEN NAME:	
Tobias Schaar		Carolina	Poehlman	
IS. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SEC	CURITY NO.	17. INFORMANT		
(Yes, no, or unk.) (If Yes, give war or dates				
No of service)		Carl Heinm	uller	
18. MEDICAL	CERTIFICATIO	on McDonogh	Road McDonogh Md.	INTERVAL BETWEE!
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			ONSET AND DEATH
420.0	10 10.	i. d. t	said all of	10 11
IMMEDIATE CAUSE	THE CHANGE	aca mario	CENTRAL POTMOTTURE	JUDUL
ANTECEDENT CAUSE (S)		0.	1 A 1 +	
DISEASES OR CONDITIONS, IF ANY, (B)	Mens a cle	evalue we	The circles live les	1 8000
GIVING RISE TO THE ABOVE CAUSE DUE TO	00014	1-000	40 Q . P	3000
STATING UNDERLYING CAUSE LAST.	20 read	on hered in	un myperausion	Mass
(C) \	6.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE GEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
				YES NO M
Wall -				
21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Hor DR CONTRIBUTING CAUSE OF DEATH OF INJURY stree			DID (City or town) (Coun	ty) (State)
(IF EITHER, NOTIFY MEDICAL EXAMINER)	or, orner orași, o	11130111 000	SKI	
Wart 12	Not while	21F. HOW DID	INJURY OCCUR?	
	at work	1 C 1 C 1		
		146	1200	
22. I hereby certify that I attended the deceased fr	rom . Work	1119 J 4 to	VM 3 19 5 that I last	t saw the decease
alive on Morth 17, 19 55, and that death	occurred at	4 I. M. from	the causes and on the date	stated above
SIGNATURE			SS DA'	

23. BURIAL, CREMATION, REMOVAL (SPECIFY) OATE THEREOF

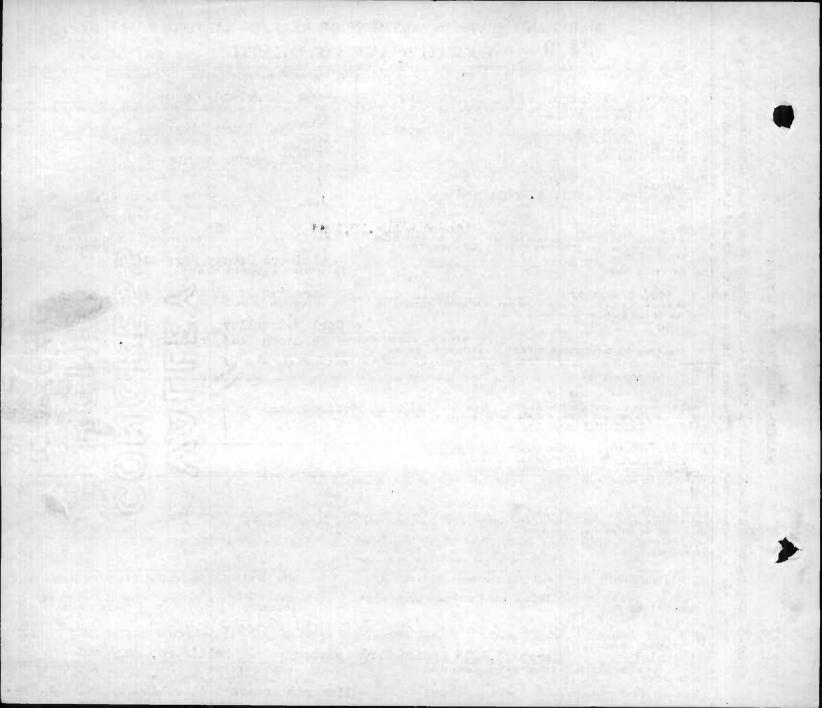
M. O. 191 NAME OF CEMETERY OR CREMATORY

LOGATION (City, town, or county) Baltimore.

March 23,1955 Loudon Park Cemetery BY LOCAL REGISTRAR'S

Burial DATE REC'O

(State)



correct age is especially important. Physicians: please write the causes of death clearly-and legibly.

2maryland state department	T OF HEALTH—BALTIMORE, 18	68243
CERTIFICATE		. No. 30
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D;
COUNTY BALTIMORE MARYLAND	STATE MD. COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) un this place)	CITYIIf outside corporate limits, write RURAL a	
52TOWN Catonsville 12 yrs	Town Baltimore	3401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wayne Conv. Home 98 Smithwood	STREET (If rural give location) ADDRESS 612 S. Ann S.	t. /
3. NAME OF (First) (Middle)	(Last)   4. DATE   Month) (]	Day) (Yesr)
DECEASED: (Type or Print) JAMES KON	MODER OF DEATH: March 12	19 55
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday IF UNDER 1 Y	
10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life.  even if retired):  Laborer  Waterfrom		COUNTRY? USA
13, FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:	
ANDREW KOMODER	BRILL	
15. WAL DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes no, or unk.) (If Yes, give war or dates of service)	Stella Fa k 3630 Chesterfield	d,Balto.Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ion	INTERVAL BETWEEN
IMMEDIATE CAUSE	SECONDARY TO ARTERIOSCLERGS IS	
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO	IZED ARTERIOSCLEROSIS	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
July 1953   Trephine negative for surg		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etc. INJURY OCCUR?	(State)
OF INJURY (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Ct.	1953 19 March 12 19559 that I last	saw the deceased
signature (1) 10, 1855, and that death occurred at	3-30M, from the causes and on the date	
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
Burial 3-15-55 USN CEN	M.   Balto, Md.	ADDRES
REGISTRARS SIGNATURE 3-15-55 V.E. HARRY	MacNABB & SON CATONSVII	ADDRESS
The second secon	MACHADO & OLA LA LA VIOLET	HE TILL

MARYLAND STATE DEPARTMENT OF I	HEALTH—BALTIMORE, 18	Reg. Dist. 02
MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	STATE Md. COUNTY	Balto.
CITY (If outside corporate limits, write RURAL OR and give nearest town)  TOWN Cockeysville	CITY (If outside corporate limits write RURAL and OR Parkton	l give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location)	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) JOSEPH TETER 19	(Last) 4. DATE (Month) (Day OF DEATH 3 - 5	(Year) 19 5 5
M RACE: W WIDOWED, DIVORCED, (Specify): Single Apr.	17, 17)1 (2) yrs.	Ays Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): window cleaner		CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charles Kozlowski	14. MOTHER'S MAIDEN NAME: Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. SOCIAL SECURITY No.:	17. INFORMANT & ADDRESS: Cockeysville Police	
	AL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
	soning	
DUE TO Antecedent cause(s)		
Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes ONO
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory, PRIMARY   or CONTRIBUTING   OF street, office bldg., etc.		(State)
PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc., CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour)   21e. INJURY OCCURRED	Parkton Baltimore	Md.
OF While at Not while.		
OF INJURY March 5, 1955 M. While at work 1 at work 1	/ Ingested barbiturate	
22. I hereby certify that I took charge of the remains describ	/ Ingested barbiturate bed above, held an Autopsy       Inspection □	
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes [], Accident	Ingested barbiturate bed above, held an Autopsy   Inspection □ dent □, Suicide □, Homicide □, Undeter	rmined cause
22. I hereby certify that I took charge of the remains describ	/ Ingested barbiturate bed above, held an Autopsy       Inspection □	
22. I hereby certify that I took charge of the remains describe find that death resulted from: Natural causes □, Accident	Ingested barbiturate bed above, held an Autopsy  Inspection □ dent □, Suicide □, Homicide □, Undeter CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER M. D. ASSISTANT MEDICAL EXAM.	DATE SIGNED

2561 01 83VV

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2492	CERTIFICATE	OF	DEATH
1236			

Reg. Dist. No. 37...

64)Z OMITHIOMI	Reg. Dist. No. V
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltmore MARYLAND	STATE Md. COUNTY Baltmione
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	
OR and give nearest town) (in this place)	TOWN Apakaus will
7 415	Co Golfs ville
HOSPITAL OR INSTITUTION OR	STREET ADDRESS Of rural give location)
STREET ADDRESS Paper Mill Rd.	Paper Mill Rd.
3. NAME OF (First), (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Charles Robert	KRUGER SR. DEATH: MAR. Z (4) 1955
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	The state of the s
M RACE: WIDOWED, DIVORCED. (Specify): Married 8	Dec 1896 58 yrs. Months Days Hours Min.
OA. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WHAT
work done during most of working life, even if retired):	Landlain And COUNTRY?
7/0//3/	Woodlawn, Md. USA.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Hugust KRUGER	Wilhelmina LEARS
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	Haughter (Same)
18. MEDICAL CERTIFICA	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
193X	1.0 5.
IMMEDIATE CAUSE (A) Epily	Ofform clitures 1 Mos.
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY. (B) Intra C	cranial Neoplasm. Jupe 6 mos.
GIVING RISE TO THE ABOVE CAUSE DUE TO	ones.
STATING UNDERLYING CAUSE LAST.	undiana-sad)
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	unanagnoxa)
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO R
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2AUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D   21F. HOW DID INJURY OCCUR?
OF INJURY While at work at work	
- A	O LOSII. A MAR LOSE IL III
22. I hereby certify that I attended the deceased from 7700	9, 1954, to 4 MOR, 1955, that I last saw the deceased
alive on 15 Feb , 1955, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE O	ADDRESS DATE SIGNED,
Hromes (is morly )	1.D. Cochensville Med, 4 Mar 55
23. BURTAL, CREMATION, DATE THEREOF   NAME OF CEMET	ERY OR COUNTY LOCATION (City, town, or county) (State)
MAN SPECIFY) MAN 8 1915 PATIN	FORM REIT MIL
DURIAL TITRE UTTO CITIES	ZUMAR DIRATOTAL
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
I'M March 19 50 1 mm I run stead Mackey	141411111111111111111111111111111111111

VS. A15 — 10 - 53

Supply every item of information carefully. The

M

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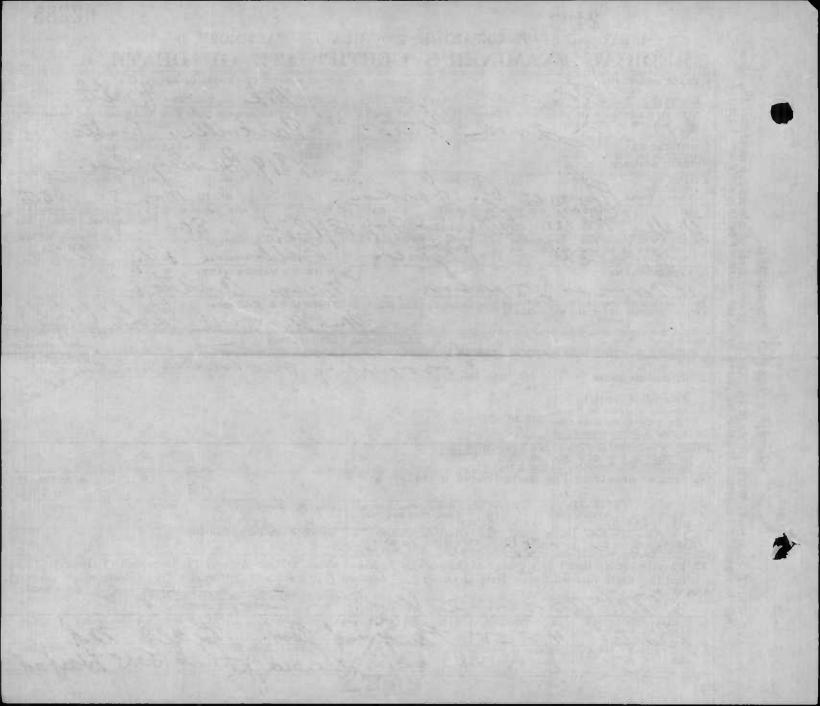
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK.

205.

BUREAU V. E

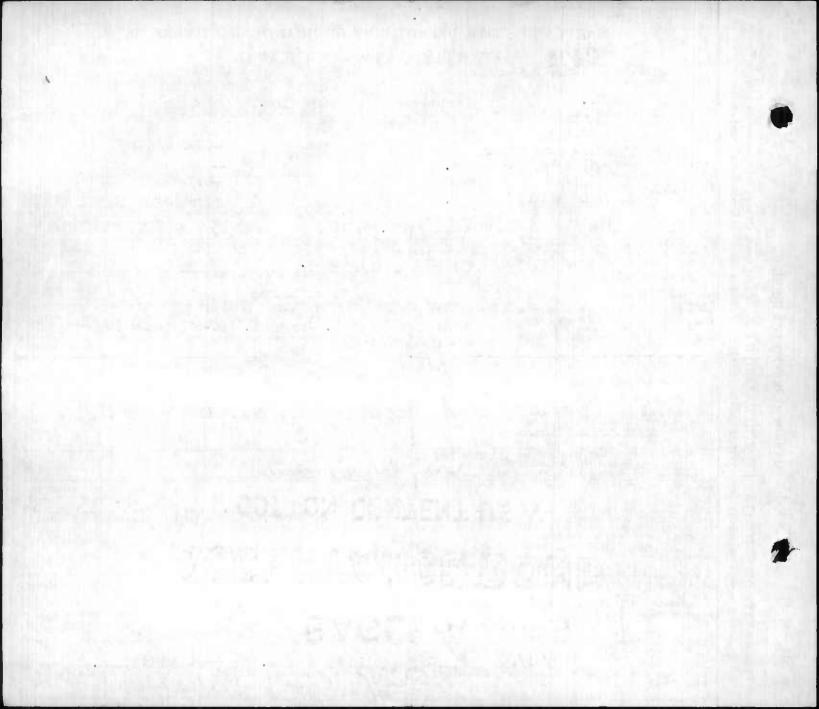
2361 91 AAM

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	PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The
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S. A15 — 10 - 53	EASE
¥.	PLI

	E OF DEATH Reg. Dist. No.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Balto. MARYLAND	STATE Pa. COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY and give nearest town)	OR	
2TOWN Catonsville	TOWN East Berlin 75 x - 3	
HOSPITAL OR Ridgeway Manor  GOSTREET ADDRESS 5743 Edmondson Ave.	STREET (If rural give location) ADDRESS	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print)  AMANDA  L.	LAU DEATH: March 28 1955	
PACE: WIDOWED DIVORCED	9. AGE last birthday IF UNDER I YEAR IF UNDER 24 HRS. 5, 1869 86 95 yrs. Months Days Hours Min.	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (ptd) at home	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA' COUNTRY?	
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Joseph Leib	Susan Sewers	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates none	Mr. Joseph L. Lau-628 Longview Drive 28	
DUE TO	Y E DEMA	
ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	ENSIVE CARTIONASCULAR PISERSE	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ERIOSQUEROSI 6	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	ERIOSQLEROSI 6	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING  OF INJURY street, office bidg.  (If EITHER, NOTIFY MEDICAL EXAMINER)	Ctory, 21c. WHERE DID (City or town) (County) (State)	
ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac	Ctory, 21c. WHERE DID (City or town) (County) (State)  D 21f. HOW DID INJURY OCCUR?	



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

	Reg. Dist. No
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED.
COUNTY Baltimore MARYLAND	Md. Baroo.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR
X OR givo nearest town) Glenarm (in this place)	Town Glenarm X
HOSPITAL OR INSTITUTION OR Delication Delication	STREET (If rural, give location)
O STREET ADDRESS Belair Road	Belair Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
DECEASED M. MAMIE LAUBACH	DEATH March 4th 1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	S. DATE OF BIRTH  9. AGE last birthday   If under 1 year   If under 24 hrs.   Months   Days   Hours   Min.
female   white   (Specify) married	Sept.6,1003   (1 ym.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if retired) INDUSTRY at home	Balto. Co., Md. USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
* * * * Seibert	Unknown
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no, or unknown)   (If yes, give war or dates of	17. INFORMANT AND ADDRESS
no service) none	Mrs. James Girvin, Belair Rd., Glenarm P.O.
18. MEDICAL CE	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	- 1 INTERVAL BETWEEN ONSET AND BEATE
Congester	E. Heart tailure 48hr
Immediate cause	
Antecedent cause(s)	17/11/1/the Come
Diseases or conditions, if any,	s formand 6-413.
giving rise to the above cause atating the underlying cause last	Mis Cardinanular 645>
(c)	Disease 6 13;
II. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yee C No C
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
11.	10 4/11 5
22. I hereby certify that I attended the deceased from 4/2.	, 1944, to, 19, that I last saw the deceased
olim on 3/4 1055 and that double accounted of:	25 7 m., from the causes and on the date stated above.
alive on, 19 and that death occurred at a scenario (Degree or title)	ADDRESS DATEDSIGNED
The Dead to Mai des Aus	MD took Ma alster
sufford of the	M.S. JUNI 1101. 1/0/30
DESIGNA (Specify)	RY OR CREMATORY LOCATION (City, town, or county) (State)
burial Mar. 7.1955 Oak Lawn Ce	
DATE REC'D BY LOCAL REGISTRAP SIGNATURE	23 FUNERAL DIRECTOR ADDRESS
3 5 37535 // Why MT annet	Massahn tunnel Home 7401 Belair Rd.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS. A15



every item of information carefully. The of death clearly and legibly.

please write the causes

Supply

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UNFADING

WITH

WRITE PLAINLY,

OR age

TYPE

PLEASE

Physicians:

important.

is especially

correct

VS.

MARYLAND STATE DEPARTMENT	T OF HEALTH—BALTIMORE, 18
2496 CERTIFICATE	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: .  COUNTY PARTIEUM MARYLAND	STATE MA: COUNTY BALLICOST
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town) Revial (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN CORRESPONDED RUSAL X
HOSPITAL OR INSTITUTION OR WISTERN Run Ru.	STREET (If rural give location)  ADDRESS Western Ruen Ru
(Type or Print) Joshua Henry Lea	(Lest) 4. DATE (Month) (Day) (Year)  OF  DEATH: 3 - 15 1955
M RACE: WIDOWED, DIVORCED. (Specify): Married (6-	OF BIRTH:  9. AGE iast birthday    Punder very   Hours   Min.   M
work done during most of working life, even if retired) for mowner work of working life.	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT SOUNTRY?
13. FATHER'S NAME: Heary Lear	Johanna Mylest
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs Margaret E Feak, Cochelsvelle Md
18. MEDICAL CERTIFICAT	ION NTERVAL BETWEEN ONSET AND DEATH
181X MMEDIATE CAUSE  (A) CONSCI	youra of fladder 142
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE  DUE TO	ruis - glomera year
STATING UNDERLYING CAUSE LAST. (C)	lension of arferonless
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	general
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	
OF INJURY  OF INJURY  (Day) (Year) (Hour)  M.   21E INJURY OCCURRED While   Not while   at work   at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from alive on 19 19 and that death occurred at	3 M, from the causes and on the date stated above.



22. I hereby ce alive of SIGNATURE

M. D DATE THEREOF NAME OF CEMETERY 23. BURIAL. CREMATION. REMOVAL

(City, town, or county) LOCATION

ADDRESS DIRECTOR

(State)

REGISTRAR'S DATE REC'D BY LOCAL

REGISTRAR

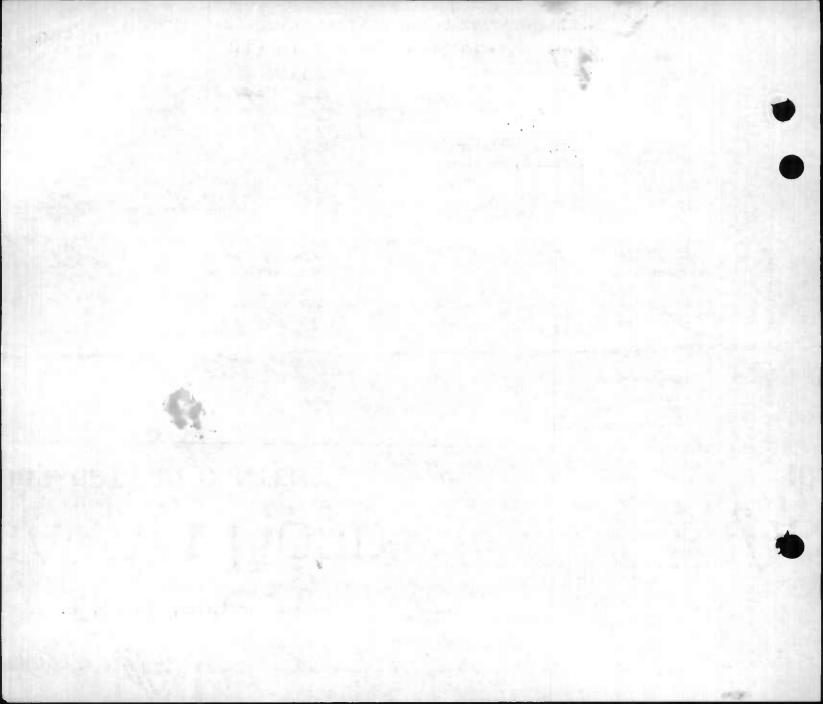
# DECEIVED MAR 34 1955

BOBEVO A. S.

	MARYLAND STATE DEPARTMENT 24)7 CERTIFICATE		()2389 t. No.
oly.	PLACE OF DEATH:  Baltimore  COUNTY  CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)  TOWN Rural: Towson  HOSPITAL OR Eudowood Sanatorium  STREET ADDRESS Towson 4, Maryland	2. USUAL RESIDENCE (HOME) OF DECEASED:  STATE  COU  CITY (If outside corporate limits, write RURAL, OR TOWN  STREET  ADDRESS  40 V Wordlann	3/014
ele ele	NAME OF DECEASED: (Type or Print)  SEX:  6. COLOR OR RACE;  WIDOWED, DIVORCED, (Specify): Manuel Capacitation.	(Last)  LEGG  A. DATE (Month) (Do OF DEATH: March 2  DEATH: 9. AGE last birthday: If UNDER 1  73 yrs. Months	3 1955
osanses osanses osanses	LUSUAL OCCUPATION Give kind of work done during most of working life, even if retired):  FATHER'S NAME:  LOGAR KLEGG	11. BIRTHPLACE (State or foreign country): 12.  14. MOTHER'S MAIDEN NAME:  Ellen Traill	CITIZEN OF WHAT COUNTRY?
	Was Deceased Ever In U.S. Armed Forces? 16. Social Security No.: 17.  (If Yes, give war or dates of service) WORLD WART 2/5-05-0363	BECE 45ED.	
I.	DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  O	any Tuterculosis	Interval Between Onset And Death
II	OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	ACCIDENT (Specify) PLACE (Home, farm, factory, street, SUICIDE OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	20. AUTOPSY? Yes No M
	HOMICIDE   INJURY  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   OF   While at   Not While   INJURY   Mork   At Work	HOW DID INJURY OCCUR?	
23.	BURIAL, CREMATION, DATE THERIOF NAME OF CEMETER REMOVAL (Society) 3/21/1/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2	. V3 4. 7, from the causes and on the date ADDRESS  Eudowood Sanatorium, Towson	e stated above. DATE SIGNED

P.11

VS.



2408 MARYLAND	STATE DEPARTMEN	T OF HEALTH—BALTI	MORE, 18
Item 3: film G177 3-16-	551CERTIFICAT	E OF DEATH	Reg. Dist. No. (12391)
I. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME	
	MARYLAND LENGTH OF STAY (f) this place)	CITY(If outside cornorate limit OR TOWN	s, write RURAL and give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Ine	STREET (If ru	tral give location) 3.VO/-4
3. NAME OF DECEASEDHARVEY (Type or Print)	he (Middle) Lev	(Last) 4. DATE OF DEAT	2 3 4
5. SEX:   6. COLOR OR   7. SING	SLE. MARRIED. 8. DATE OWED, DIVORCED, cify):		thday   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10A. USUAL OCCUPATION (Give kind of work done during nos) of working life, even if retired):	108. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign	n country): 12. CITIZEN OF WHAT
13, FATHER'S NAME: LUCK	rug	14 MOTHER'S MAIDEN NAME	
ts. Was Deck sed Ever In U.S. Armed Force (Yes, no, An unk.) (If Yes, give war or da of service)		17. INFORMANT & ADDRESS:	Georda
I DISEASES OR CONDITIONS DIRECT	(A) MEUN	mia (Not type	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSE (8) DISEASES OR CONDITIONS, IF ANY.	(B) Delui	lites	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO		20
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED DISEASE OR CONDITION CAUSING	CONTRIBUTING TO THE		
19a. DATE OF OPERATION: 19B. MA.	OR FINDINGS OF OPERATIO	N	20. AUTOPSY7
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	218. PLACE (Home, farm, fac OF INJURY street, office Lldg.,		own) (County) (State)
21D. TIME (Month) (Day) (Year) (Hou OF INJURY	While Not while at work	21F. HOW DID INJURY OCCU	IR?
22. I hereby certify that I attended alive in \$19, store ture	the deceased from and that death occurred t		d on the date stated above
23. BURIAL, CREMATION, DATE THE		ERY OF CREMATORY LOCATION	N (City town or county) (State)
DATE REC'D BY LOCAL   REGISTRA	R'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS /



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

# A15-10-53

VS.

PLEASE TYPE OR

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 02391 24.19 CERTIFICATE OF DEATH Reg. Dist. No. 37

obitini toni	d of Bellin Reg. Dist. No. 97
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
190 terre	
COUNTY Jallemore MARYLAND	STATE COUNTY  CITY(If outside corporate limits, write RURAL and give nearest tow
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR give pearest town). (in this place)	OR OF
TOWN Cockeysmile 1/2 yes	TOWN Ballimore 3401-4
HOSPITAL OR INSTITUTION OR OAT	STREET (If rural give location)
OSTREET ADDRESS / HORONIC Home Cockeyes	elle 4212 Penhusst or
3. NAME OF (First) (Middle)	(Hast) 4. DATE (Month) (Day) (Year)
(Type or Print)	DEATH: 140V. 5 196
5. SEX: 6. COLOR OR 7. SINGLE MARRIED. 8. DATE RICE: WIDOWED, DIVORCED, (Specify):	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
The falls	1,1010
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WH COUNTRY?
The state of the s	Ralumore
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Thenry Tolle.	Emma Iverlein
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If fes, give war or dates 2/3-34-0972	Laura M. Schroeder
18. MEDICAL CERTIFICAT	TION INTERVAL BETWE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEA
422.1	- 10
IMMEDIATE CAUSE (A)	no Schooses longer
ANTECEDENT CAUSE (8)	
Mada -	Vascular Dulase 11/2 ur
GIVING RISE TO THE ABOVE CAUSE DIE TO	The state of the s
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATIO	N ac Autonom
	20. AUTOPSY YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (County) (State), etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURREI	D   21F. HOW DID INJURY OCCUR?
OF INJURY M. While Not while at work	
22. I hereby certify that I attended the deceased from How	4 19.52 to Man. 19.5 That I last you the deces
A44 //	'h /2
alive on Make f , 1955, and that death occurred at	M, from the causes and on the date stated above.
SIGNATURE CASTA TO CUS	DATE SIGNED 3/4
	A. D. CONTRACTORY   LOCATION (City town or county)
23. BURIAL, GREMATION, DATE THEREOF NAME OF CEMET	TERY OR CREMATORY LOCATION (City, town, or county) (Sta
DATE BECID BY LOCAL N BEGISTBABIS DICHATURE	1 24. FUNERAL DIRECTOR ADDRESS
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	Wall Directory to a propress



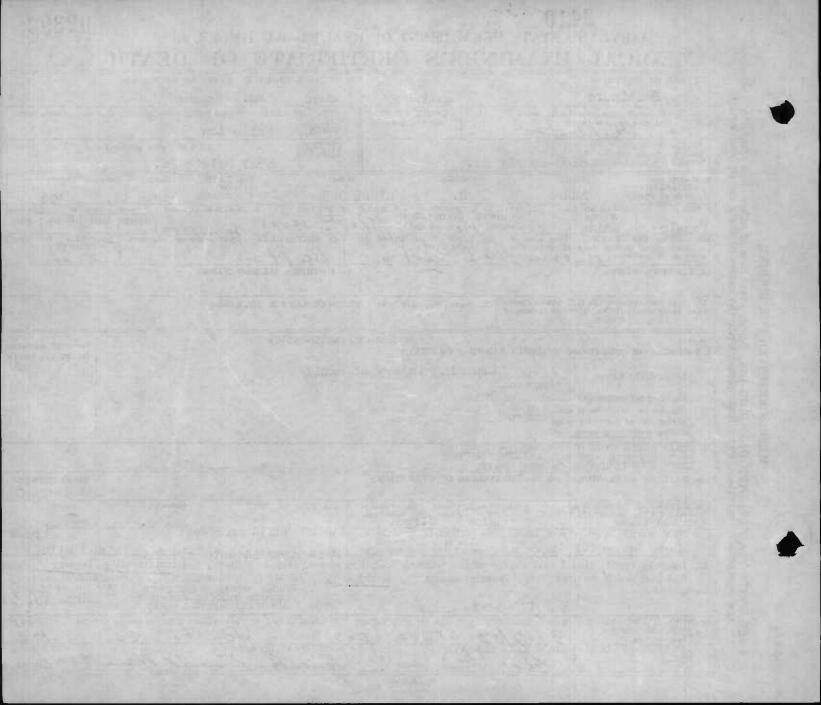
BUREAU V. S.

ATE DEPARTMENT OF THEALTH—BALTIMORE, 18

Ad.

MEDICAL EXAMINER'S CER	RIFICATE OF DEATH	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	and a
COUNTYBaltimore MARYLAND	STATE Md. COUNTY	elle.
CITY (If outside corporate limits, write RURAL OR and give pearest town)  TOWN  LENGTH OF STAY (in this place)	Y CITY (If outside corporate limits write RURAL and OR TOWN Fullerton	give nearest town)
HOSPITAL OR INSTITUTION OR OSTREET ADDRESS 8800 Belair Rd.	STREET (If rural, give location) ADDRESS 8327 Belair Rd.	1
3. NAME OF (First) (Middle) DECEASED: (Type or Print) AGNES H. LIN	(Last) 4. DATE (Month) (Day) OF DEATH March 14.	(Year) 1955
Female RACE: WIDOWED DIVORCED, (Specify): 102 VVI 40 102 USUAL OCCUPATION (Give kind of 105 KIND OF BUSINESS (102 VVI) 102 VVI 40 102 VVI 40 V	D 11	
even if retired): Matron G.L. Martin  13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1,24.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:    S	of skull	INTERVAL BETWEEN ONSET AND DEATH
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		26. AUTOPSY 2 Yes No
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bidg., et CAUSE OF DEATH.	Balto.	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY March 14. 1955 M. work at work	Passenger in auto which collid	truck ed with
22 I hereby certify that I took charge of the remains descr	ribed above, held an Autopsy [], Inspection [],	Inquiry [], and
find that death resulted from: Natural causes [], Acc SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED March 15, 55

rg



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

102893

TEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	NTO
	LAAVILINERS	CERTIFICATE	OL	DEALL	No

MEDICAL EXAMINER S CER	IIIIOAIL OF DUALIT	NO
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Md. COUNTY	uts.
CITY (If outside corporate limits, write RURAL OR and give negrest town) (in this place)	CITY (If outside corporate limits write RURAL and a OR TOWN Fullerton	give nearest town)
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)	1
ISTREET ADDRESS 8800 Belair Rd.	8327 Belair Rd.	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) FORREST L. LINDIMO	(Last) 4. DATE (Month) (Day) OF DEATH March 14.	(Year) 19 55
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): 4 4 7 7 2 1	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YE  5//902 53 yrs. Months Day	
10a. USUAL OCCUPATION (Give kind of work done during most of work life, INDUSTRY:	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
even if retired): /a66xev Sawitation	06,0	1. J.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Vohn Lindimara		
(Vos no or unk ) (If Vos give wer or detes of	Geo. Schventer 8327 13	clair Ad
	AL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
FILEX	- 0 - 1 3 1 3	UNSET AND DEATH
Intillediate cause	of chest and head	
DUE TO	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND	
Antecedent cause(s)  Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO		
stating underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes \( \subseteq \text{No} \( \subseteq \)
21a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH.	Balto.	(State) Md.
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while Not while at work (	Driver of auto collided with tr	nck
22. I hereby certify that I took charge of the remains describ		0.011
find that death resulted from: Natural causes [], Accid		
SIGNATURE	CHIEF MEDICAL EXAMINER	DATE SIGNED
1 Horasher	M. D. ASSISTANT MEDICAL EXAM.	3/15/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER BEMOVAL (Specify): 3/17/55-5+. 5+. 565-0	Y OR CREMATORY LOCATION (City, town, or cou	nty) (State)
	45	//01
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS,

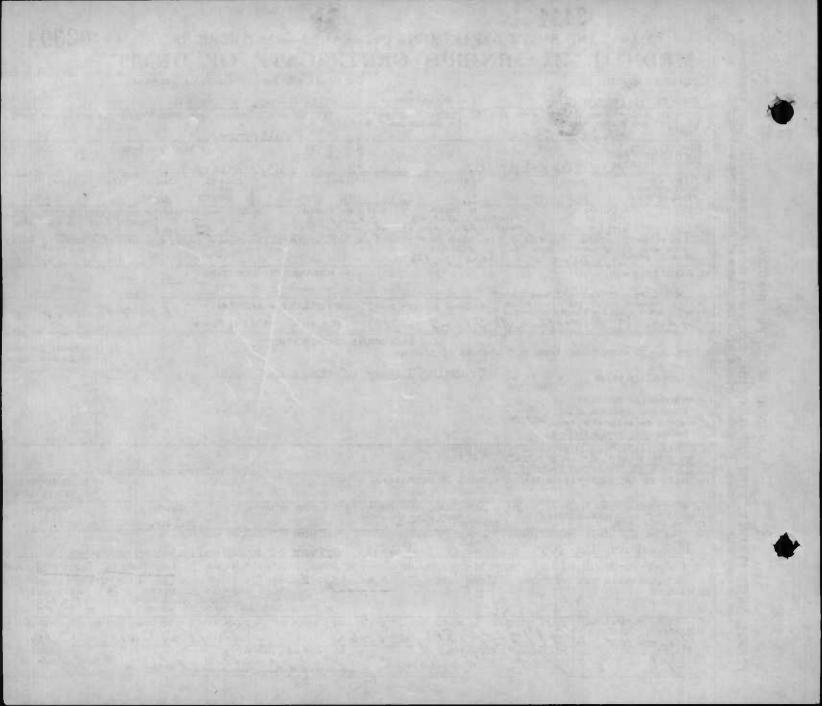
WRITE PLAINLY, WITH UNFADING INK, Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE

A15A - 5 - 53

例

MARGIN RESERVED FOR BINDING

VS.



24. FUNERAL DIRECTOR

**ADDRESS** 

The

and

clearly

TOWN

information

item

every

sicians

02

REMOVAL (SPECIFY)

DATE REC'D BY LOCAL

REGISTRAR'S

BECEINED

2361 II AAM

BUREAU V. S.

VS. A15

241	3 1	MARYLAND	STATE	DEPARTMENT	OF	HEALTH
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2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 444

02395

Tren S. F. Innilia 4-1-00 00		
1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	JI ork
MARYLAND MARYLAND	- Mariena	allo
OR give searest flown	CITY (If outside corporate limits, write RURAL and gi	ve nearest town)
TOWN CALLOTY OF JOHN	TOWN Y Samme	1 X
HOSPITAL OR	STREET (If sural, give location)	1 - 1
INSTITUTION OR STREET ADDRESS	ADDRESS 2573 Yelles To	and '
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month)	(Day) (Year)
(Type or Print) Lenry Jong	DEATH MUSE & I.	2 14 19550
5. SEX 6. COLOR OF FACE 7 SHOLE, MARRIED, WIDOWED DIVERGED,	S. DATE OF BIRTH   9. AGE last birthday   If under	
(Specify)	april 12th 1896 58 51/1 yrs. Months	Days Hours Min.
102. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on		2. GITIZEN OP WHAT
done during most of working life even if retired) INDUSTRY	Virginia	STUNDAY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	0001
alacham, Lova	Emma Ohnsor	1
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	1 17 INCOMMAND	5 stans Ax
(Yes, no, or unknown) (If yes, give war or dates of 213-092741	Dorothy Branch. On	S sparrow H
18. MEDICAL CE		and it is
		INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
Immediate cause (a)	Freumonia.	1 WF-
Immediate cause	1	
Antecedent cause(s)	is Sclerosis + Enlarger Reart	Linkung
Diseases or conditions, if any, (b) Att Attractor, Walter	ortenosis remain reas	COMMINA
stating the underlying cause last		
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
THE REPORT OF THE PARTY OF THE	(GIRL OF BOHE)	Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OR office bldg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) Hour)   INJURY OCCURRED	T WOW DAD THURSE ORGANDS	
TIME (Month) (Day) (Year) Hour) INJURY OCCURRED While at Not While	HOW DID INJURY OCCUR!	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from Ordelina	to if imarch 105,5 that I last	beneath the descent
22. I hereby termy that I attended the deceased non-water	z., co	aw the deceased
alive on March 12, 19415, and that death occurred at	1.5.Am., from the causes and on the date st	ated above.
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
	nam of Patto 22 mi	2/12/55
23. BURIAL, CREMATION DATE THEREOF NAME OF GEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
Journal 13 13 33 1/1/19 Oc	wary a.g. w	ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	24. FUNERAL DIRECTOR	ADDRESS
8-1500 A. M. Dedrach	I caymen analy	
RI	2 St & Preston St	Halto med



COUNTY

(Day)

Days

(Year)

Hours

11.5.19

COUNTRY?

1955

Interval Between

Onget And Death

20. AUTOPSY ?

(State)

ADDRESS

(STATE)



S961 91 8VV



OR WRITE PLAINLY, WITH UNFADING INK.

PLEASE TYPE

Supply every item of information carefully.

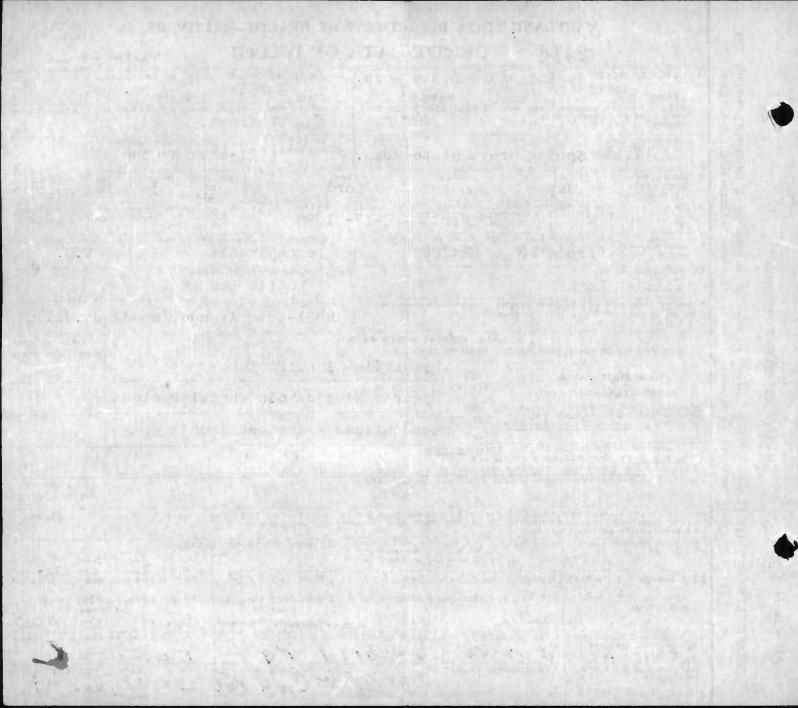
# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2397

2414 CERTIFIC

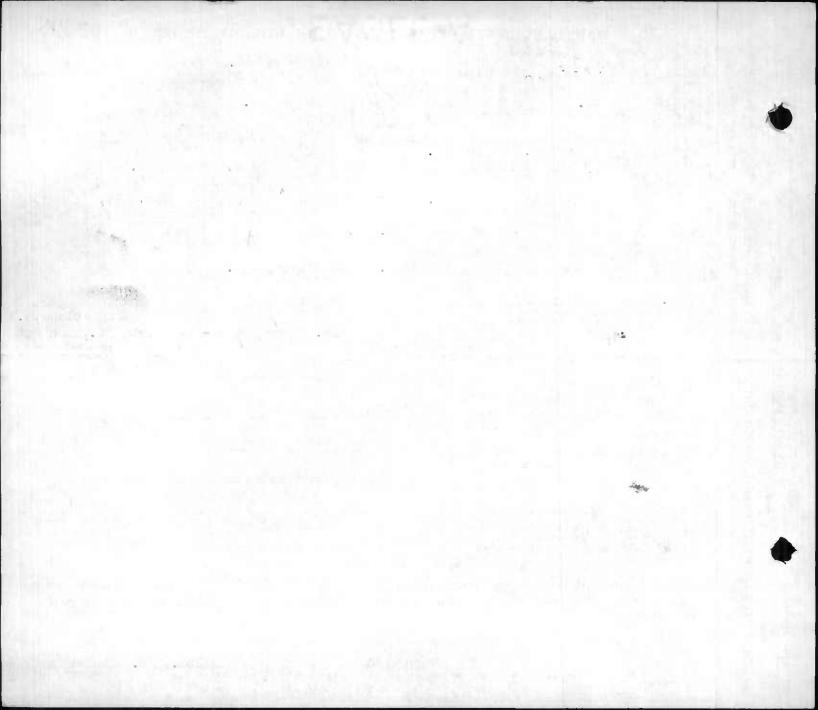
CERTIFICATE OF DEATH

Reg. Dist. No. 20

- 1		
	1. PLACE OF DEATH: Spring Grove State Hosp. Baltimore	2. USUAL RESIDENCE (HOME) OF DECEASED: Maryland Pr. Geo.
ò	COUNTY DAT UTINOTE MARYLAND	STATE COUNTY
3	CITY (If outside corporate limits, write RURAL  LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
2	OR and give nearest town) (in this place)	OR Woodless
3	52 TOWN Catonsville	Town Woodlawii,
	HOSPITAL OR	STREET (If rural give location)
		ADDRESS 6821-68th Avenue
3	/ STREET ADDRESS Spring Grove State Hosp.	OOZI-OOTH AVEHUE
3	(201.1)	/T
:		(Last) 4. DATE (Month) (Day) (Year)
8	(Type or Print) Jay Bonham I	ord OF 3 22 1955
3		
	RACE: WIDOWED DIVORCED 2 3 7	
5	M RACE: WIDOWED DIVORCED 2-17	2- 1890 65 yrs. Months Days Hours Min.
3	10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	
3		11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
3	work done during most of working life. even if retired): Carpenter Retired:	Pennsylvania countsy:
2	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
	William Lord	Lottie Bonham
3		17 INFORMATION ADDRESS
	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
CA	(Yes, no, or unk.) (If Yes, give war or dates of service)	4821-68th Avenue, Woodlawn.Md.
2	NO	
0	18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
5,	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	44.3X Myocardia	l insufficiency   l day
'n	IMMEDIATE CAUSE (A)	
8	DUE TO	
3	ANTECEDENT CAUSE (S) Hypertens	sive cardio vascular disease
0	DISEASES OR CONDITIONS, IF ANY, (B)	
-	GIVING RISE TO THE ABOVE CAUSE DUE TO	
4	STATING UNDERLYING CAUSE LAST. Generaliz	ed arteriosclerosis
:	(C)	
2	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
-	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
5,	19A. DATE OF OPERATION:   19B. MAJOR FINDINGS OF OPERATION	
7	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
U		YES NO V
7	ALL ACCIDENT WAS UNDERLYING TO LOT BLACE (Women form for	
2	21a. ACCIDENT WAS UNDERLYING   21a. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (County) (State)
2	(IF EITHER, NOTIFY MEDICAL EXAMINER)	THOUSE COUNTY
מ	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?
D	OF INJURY While Not while	
2	M.   at work   at work	
1)	22 I hereby certify that I attended the deceased from 2//	, 19 JS, to 3/22, 19 JS, that I last saw the deceased
0.0		
20	alive on 3/22, 19 68, and that death occurred at	3./5A. M, from the causes and on the date stated above.
5	SIGNATURE	ADDRESS DATE SIGNED
1	S. Vacheler	D. Spring Grove It. Hoops tal 3/42/5-
5		ERY OR CREMATORY   LOCATION (City, town, or county) (State)
	REMOVAL (SPECIFY)	Ent on Chamber Court (City, town, or county) (State)
	16 MOVAC 3-22.00 6 4 41 61	r/9 /9 /2.
	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
	REGISTRAR	( in 10 11 the charter
	3-22-25 U. V. ~ land	- 4004 14C 1717 ST. FQUE ST.



Item 12, FilmG179 3-31-55 et CERTIFICATI	E OF DEATH Reg. Dist.	No. 2.1.)
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME.) OF DECEASED	):
COUNTY Balto. MARYLAND	STATE Md. COUNTY	
CITY (If outside corporate limits, write RURAL OR and give nearest town)  Catonsville	CITY(If outside corporate limits, write RURAL at OR TOWN Baltimore	3√0 1-4
HOSPITAL OR 1102 N. Rolling Rd.  90 STREET ADDRESS Shady Nook Nursing Home	STREET (If rural give location)  20 E. Preston St.	1
DECEASED: (Type or Print)  WILLIAM  A. M	MacGREGOR OF DEATH: Mar. 2	(Year) 1, 1955
male   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.   Mar. 1	1, 1874   81 yrs.	ays Hours Min.
work done during most of working life, even Accountant (rtd)  108. KIND OF BUSINESS OR INDUSTRY:  Typewriter Mfgr.  13. FATHER'S NAME:	11. BIRTHPLACE (State or foreign country): 12.  Woodstock. Can.  14. MOTHER'S MAIDEN NAME:	CITIZEN OF WHAT COUNTRY?
Rev. Malcom MacGregor	Belinda Pavev	
18. WAS DECEASED EVER IN U.S. ARMED FORCES!  (Yes, no, or unk.)  (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS:	ng Island, N. St., Elmhurst
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (A)  DUE TO  (B)  DUE TO  (C)  (C)	s selevosis	yean
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bidg., (1) FEITHER, NOTIFY MEDICAL EXAMINER)	story, 21c. WHERE DID (City or town) (County, etc. INJURY OCCUR?	y) (State)
OF INJURY (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
SIGNATURE   DOA'	M, from the causes and on the date s	stated above. E SIGNED
Cremation 3/25/55 Greenmount	ERY OR CREMATORY   LOCATION (City, town, or Balto . Md.	county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	24 FUNERAL PRECTOR	AODRESS THE



### MARYLAND STATE DEPARTMENT OF HEALTH

2416

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 3

I. PLACE OF DEAT	16.		2. USUAL RESIDENCE (	HOME) OF DECEASE	MD.	
COUNTY	Street and the street	241 7000 1200	STATE		COUNTY .	
CITY OF BAL	CTIMORE Corporate limits, write RUF	MARYLAND RAL and   LENGTH OF STAY	MARYIA	nD	BALTIMO	710
OR give negrest	t town)	(in this place)	OR CITY (If outside corpor		L and give nearest t	own)
	odLAWN			LAWN		X
HOSPITAL OR INSTITUTION O	R		STREET ADDRESS	(If rural, give lo	cation)	/
STREET ADDRE	SS 1906 THA	YER TERRACE	1906	THAVOR 7	ERRACE.	
3. NAME OF	(First)	(Middle)	(Last)	14. DATE (Mc	onth) (Day)	(Year)
(Type or Print)	ARTHUR	S. MAULER		OF DEATH MA	RCH 14	1953
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED.	1 8. DATE OF BIRTH	9. AGE last birtbday		
m.	w	WIDOWED, DIVORCED, (Specify)	Feb. 4 1890	65 yrs.		ours   Min.
	ATION (Give kind of work		11. BIRTHPLACE (State	or foreign country)	12. CITIZEN	OF WHAT
done during most of v	working life, even if retired) WLEEHEM STE	INDUSTRY (ReTired)	BALTIMOR	F	COUNTRY	
13. FATHER'S NAM	(E		BALTIMOR	NAME		
CONRA	D MAULET	2	may ?			
		S?   16. SOCIAL SECURITY NO.	17. INFORMANT			
(Yes, no, or unknown)	(If yes, give war or dates		ATTO THE TO	1001 TU	A. (F) TEAC.	- 101
yes	service) T		MRS. RHODA MAU	1 EK 1706 1 M	VYEK TENKA	EE (1)
		18. MEDICAL CE	RTIFICATION		Taymonaya	L BETWEEN
I. DISEASES OR CO	ONDITIONS DIRECTLY	LEADING TO DEATH	0		ONSET A	ND DEATH
.101X		· Te massa al	Browchopne.	`	2	Dans.
47 Immediat	e cause (a)	John Mark	The state of the s	ungues	00	10
	4 (-)		//			
	nt cause(s) conditions, if any, (b)		V			
giving rise t	o the above cause		100 000 1000 1000 000 000 000 000 000 0			4
stating the t	inderlying cause last					
	(c)					
11. OTHER SIGNIF	ICANT CONDITIONS uting to the death but not	3/ 1/	0		1-4	1
related to the disea	ase or condition causing dea	th. Hemuph	Cegne		13/	eard
19a. DATE OF OPE	RATION   19b. MAJOR	FINDINGS OF OPERATION			20. AUT	OPSY?
			1		Yes 🗆	No 🗆
21. ACCIDENT	(Specify)   PLA	CE (Home, farm, factory, street,	(CITY OR	TOWN) (C		ATE)
SUICIDE HOMICIDE	OF	office bidg., etc.) URY	0 0 1 0			
TIME (Montb)	(Day) (Year) (Hour)	INJURY OCCURRED	HOW DID INJURY OF	CCUR?		
OF INJURY	m.	While at Not While Work At work				
				111 1070		
22. I hereby cert	ify that I attended th	ne deceased from man /	19 00 to 100	19 7 that	I last saw the d	leceased
-2.	1		1 12			
alive on	wy /7 , 1900, a	nd that death occurred at		causes and on the	date stated abo	ve.
SIGNATURE		(Degree or title)	ADDIVESS	1	DATE	SIGNED
L. a.	Cally mx	351	7 Enthorden	) are	mar 16	1955
23. BURIAL, CREM	ATION   DATE THERE	OF NAME OF CEMETE	RY OR CREMATORY	LOCATION (City, town	a, or county)	(State)
REMOVAL (Spec	3/17/5	5 BALTIMOR	RE MATIONAL	BALTIMOT	re mr	>
DATE REC'D BY			24. FUNERAL DIRECTO	OR	ADDR	DSS
REG 14	-53 1	PATion dell		V 6411WIND	1: 4 500	1 777
37/6	- Ally	Monean	NIL-SIMNSBUK	2 9711 (140)		KU
					(7)	

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

# BUREAU V. &

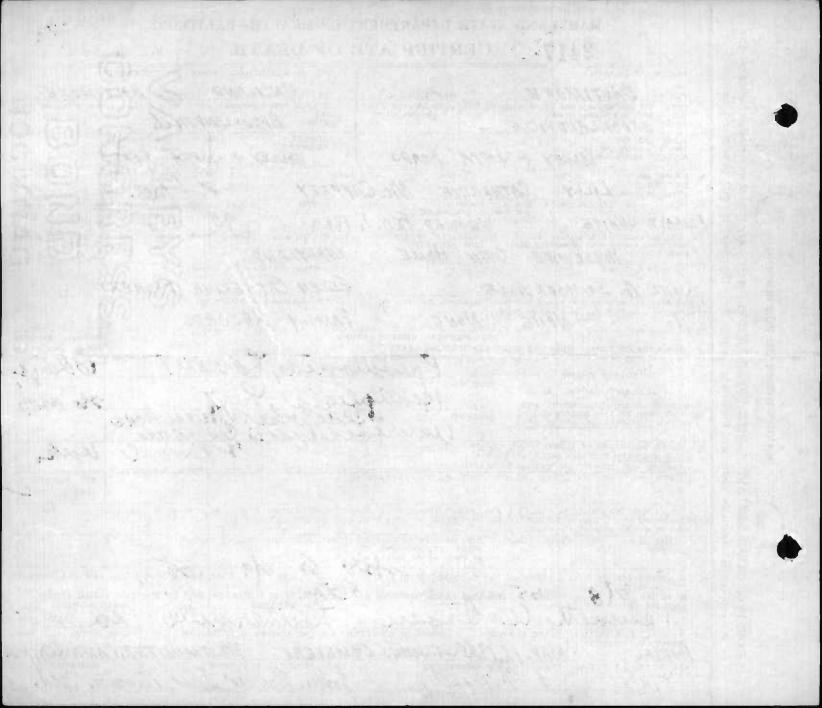
SECEINED SEC

Reg. I	ist.	No.
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03426

2417 CERTIFICATI	E OF DEATH Reg. Dist. N	lo
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY BALTIMORE MARYLAND	STATE MARYLAND COUNTY BALTI	MORE
CITY (If outside corporate limits, write RURAL OR and give nearest town)  X TOWN BROOK LAND VILLE  (in this place)	CITY(If outside corporate limits, write RURAL and OR TOWN BROOKHNPYILLE	give nearest town)
HOSPITAL OR INSTITUTION OR OTSTREET ADDRESS ALLEY + JOPPA ROADS	STREET (If rural give location) ADDRESS WALLEY + JOPPA ROADS	1
DECEASED: (Type or Print) LILLY CATHERINE Mc CA	(Last) 4. DATE (Month) (Day OF DEATH: MAR, 9,	(Year) 1955
FEMALE (Specify) WIDOWED (Specify) WIDOWED (FEB. )	1865 90 yrs. Months Days	Hours   Min.
work done during most of working life. even if retired) HOVSEWIFE  10B. KIND OF BUSINESS OR INDUSTRY: OWN HOME	MAKYLAND	TIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
JOHN A. SOMMERVILLE	ELLEN CATHERINE FISHER	
(Yes, no, or unk.) (If Yes, give war or dates	Francis PERSON	
NO of service) NONE NONE	TAMILY NECORUS	
18. MEDICAL CERTIFICAT		NTERVAL BETWEEN
490 MMEDIATE CAUSE (A) Previous	onia, Loball	100041
ANTECEDENT CAUSE (S)	1	,
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	erelicae. Hemor Arge	He MOS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	"Preveral	leuk,
19A, DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING \( \bigcap \) OR CONTRIBUTING \( \bigcap \) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, fac OF INJURY street, office bldg.,	etc. INJURY OCCUR?	(State)
OF INJURY  OF INJURY  OF INJURY  (Mour) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
2 I hereby certify that I attended the deceased from	, 19 , to 19 that I last sa	aw the deceased
alive in 3/8, 1955, and that death occurred at significant a locus me		ated above.
	EMETERY WESTMINSTER, CA	AROLLCA, M
DATE REC'D BY LOCAL REGISTRAT'S SIGNATURE REGISTRATION A. M. Hedwil A.	John Burne Sone, Town	ADDRESS, M.

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADINGTINK. Supply every item of information carefully MARGIN RESERVED FOR BINDING - 10 - 53 VS. A15-



The

Supply every item of information carefully.

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02400

2418 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	):
COUNTY Gall more MARYLAND  CITY (If outside corporate limits, write RURAL or and give nearest town)  CITY (In this place)	STATE Md COUNTY But	touche
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL at	
OR and give nearest town) (in this place)	OR TOWN Ballinere	and give nearest with
		= 3 Va /- 4
INSTITUTION OR CO	STREET (If rural give location)	
STREET ADDRESS Goring Grove St. Hospital	3406 Walbroom A	re v
3. NAME OF (First) (Middle)		(Year)
HOSPITAL OR INSTITUTION OR STREET ADDRESS GOVING Grove St. Hospital  3. NAME OF (First) (Middle)  BECEASED: (Type or Print) James Saunel Mc  5. SEX: [6. COLOR OR ] 7. SINGLE, MARRIED, [8. DATE	Comb OF DEATH: 3 /	9 1955
	OF BIRTH: 9. AGE last birthday IF UNDER 1 YE	
(Specify): Sinch: 11/4//	1978 76 yrs. Months Da	Min.
10A. USUAL OCCUPATION (Give kind of) 10B. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life. OR INDUSTRY:  Was termen	Md •	COUNTRY?
	14. MOTHER'S MAIDEN NAME:	454
	1 0	
wecomb	0 0.0	
(Yes, no, or unk.) (If Yes, give war or dates	17. INFORMANT & ADDRESS:	
	Mrs.Marie S.Malone 3406 Wa	.lbrook Av.
18. MEDICAL CERTIFICATION DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ION	INTERVAL BETWEEN
		ONSET AND DEATH
570.3	d intestinal obstruction	2 30
IMMEDIATE CAUSE (A) TOXONIA UNI	d Intestinal Obstruction	2 days
ANTECEDENT CAUSE (\$)	f amall integting	0 3
A CHANGE TO THE ADDITION OF THE PARTY OF THE	f small intestine	2 days
STATING UNDERLYING CAUSE LAST. DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
DISEASE OR CONDITION CAUSING DEATH. CHEONIC NO		years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or contributing Cause of Death Of Injury street, office bldg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED	ory. 21c. WHERE DID (City or town) (County etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F. HOW DID INJURY OCCUR?	
M. at work at work	NEW THE RESIDENCE	
22. I hereby certify that I attended the deceased from June	3, 1954, to 3/19, 1957, that I last	saw the deceased
alive on 3/19 . 1955, and that death occurred at	9. 50 4. M, from the causes and on the date s	
SIGNATURE		E SIGNED
3. Wachster M.	D. Spring Isrove St. Hoopilar	2 3/19/1
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or	county) (State)
Burial 3-22-1955 New Cathe	dral Baltimore,	Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 2-21-15	G. Howard Strong 3207 W. Nor	th Ave.

NOTE OF THE OWNER OF THE TO WARRENCE THE WARRENCE TO SERVICE THE PROPERTY OF THE PARTY OF THE PA totality While the

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

02401

# CERTIFICATE OF DEATH

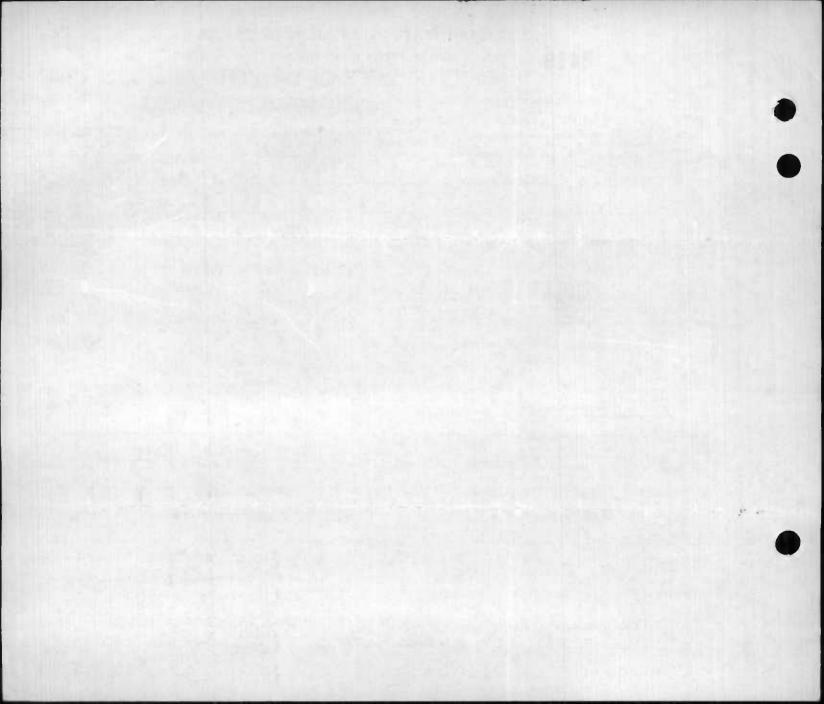
Reg. Dist. No. 20

1. PLACE OF DEATH-		2. USUAL RESIDENCE (		COUNTY
DALIMOI	MARYLAND	MD.		A.A.Co.
CITY (If outside corporate limits, write Ri	JRAL and LENGTH OF STAY (in this place)	OD	rate limits, write RURAL	and give nearest town)
TOWN	VILLE		OKLYN	0 2-20-14
	THE PINES	STREET ADDRESS	(If rural, give loc	V
OSTREET ADDRESS /6 FUST	NG AVE	1 8 W.	2ND AVE	SKOOKLYN PARK.
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Mor	nth) (Day) (Year)
(Type or Print) BYRD	W. N	1C DONALD	DEATH MAK	PCH. 26 1955
6. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED,	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year   If under 24 hrs.
M. W.	WIDOWED, DIVORCED, (Specify) WIDOWER	Oct. 1, 1879	75 yrs.	Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wo	rk 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State	or foreign country)	12. CITIZEN OF WHAT
done during next of working life, even if retire	d) Industry	VA.		COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME	
STEPHEN	D. MCDONALD	SIDNE	V KEARNS	
15. WAS DECRASED EVER IN U.S. ARMED FOR	CES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND	ADDRESS	
(Yes, no, or unknown) (If yes, give war or dat	en of 578-01-3911	MRS EDWIN C	WEAVER 70	2 WINDAYS WANT
lact (YO)	18. MEDICAL CI		DATE DE LA TOUR	THE THINKS WAY
a province of completions Different				INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTI	Δ			ONSET AND DEATH
11201 11	Coronary occlusion	m du to		3 hrs
1 Immediate cause (a)	Salar G. Calleria			
Antecedent cause(s)				
Diseases or conditions, if any, (b).		ist dequestion	A	
stating the underlying cause last	U			
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no	· B 0			28000
related to the disease or condition causing of	eath.	reuma, se	vere	- Says
19a. DATE OF OPERATION 19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No 🗆
	LACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR	TOWN) (CC	OUNTY) (STATE)
	NJURY			
TIME (Month) (Day) (Year) (Hour	) INJURY OCCURRED While at Not While	HOW DID INJURY OF	CCUR?	
OF INJURY				
	10 Y	= 267	Max . est.	
22. I hereby certify that I attended	the deceased from	, 19.54, to	19.93, that I	last saw the deceased
alive on 25 m wr , 19 35,	and that dooth accounted at	3 Am from the	a course and on the	data stated above
signature	and that death occurred at (Degree or title)	ADDRESS	causes and on the	DATE SIGNED
& SIGNATURE	. 0		103	.0).
Comil IX. Acur	ung nD	601 Wmans		28 mar 55
23. BURIAL, CREMATION   DATE THE	REOF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	or county) (State)
REMRIAZIN MAR. 2	7/55 ICEDAR	HILL !	A.A.Co.	MD.
	S SIGNATURE	24 FUNERAL DIRECT	OR / /	ADDRESS
REG.S MILE	9	Harry H. Wi	1/16 HIDI F	DMONDSON
	Y The second sec		7	LIVE
		//	W.	7-6.

VS. A15

MARGIN RESERVED FOR BINDING

The correct age



Reg. Dist. No....?

2430		in.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE	CE (HOME) OF DECEASED:	
Baltimore	Md.		
COUNTY MARYLAND CITY (If outside corporate limits, write RURAL   LENGTH OF S'	STATE	COUNTY	
CITY (If outside corporate limits, write RURAL   LENGTH OF STOWN (in this place	CITY (If outside coor Baltin	orporate limits, write RURAL	and give nearest town)
HOSPITAL OR	STREET	(If rural, give location	on)
INSTITUTION OR STREET ADDRESS Presbyterian Home		5 Garrison Ave.	
8. NAME OF (First) (Middle) DECEASED:	(Last)		Day) (Year)
(Type or Print) Susanna Jamison McLean		OF March 10	), <sub>19</sub> 55
	ATE OF BIRTH:	9. AGE last birthday:   IF UNDE	R I YEAR   IF UNDER 24 HRS.
Female White WIDOWED, DIVORCED, (Specify): single Ma		84 yrs. Months	
10a, USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINES work done during most of working life, 1NDUSTRY:	SS OR   II. BIRTIIPLACE (	State or foreign country):	12. CITIZEN OF WHAT
even if retired): retired oredit manager of I	ent store Re	ltimore. Md.	COUNTRY
13. FATHER'S NAME:	1 14. MOTHER'S MAID		3 0
John J. McLean	Rose		- N
			34 7
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of	17. INFORMANT & ADDR		
service)	Records-Presbyt	erian Home Tows	on, Md.
18. MEDIC	AL CERTIFICATION		
L DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		0 1	INTERVAL BETWEEN ONSET AND DEATH
11117 \			UNSET AND DEATH
Immediate cause (a)	en-Vase	may mean	THM
DUE TO	)		1 /1/
Antecedent cause(s)	anglo		Just VA.
Diseases or conditions, if any, giving rise to the above cause  DUE TO		14.000000	
stating underlying cause last	allelassi		11/1/1/
(c)	COMP		I cay
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not			
related to the disease or condition causing death.			
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION	0N:		20. AUTOPSY?
			Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, s SUICIDE OF office bldg., etc.) HOMICIDE INJURY	treet, (CITY OR TOW)	N) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY	OCCUR?	544
OF While at Not while INJURY M. work at work		A 736	
7	Mari	110 ~=	
22. I hereby certify that I attended the deceased from.	, 195(., to:////	W.L.Q 19.2, that I last	t saw the deceased
alive on	at P.Mm., from	the causes and on the da	ate stated above.
SIGNATURE, ) 1 (DEGREE OR	PITLE); ADDRESS	. 411	DATE SIGNED
( falling of Hugana M)	Town	on 4 MR	7/1/1-1-
23. BURIAL. UREMATION   DATE THEREOF   NAME OF CEM	ETERY OR CREMATORY	LOCATION (City, town, or	r county) (State)
Burial March 14,1955 Woodlaw	m / dilland	Woodlawn.	Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24 EUNERAL DIREC		ADDRESS
REG. AH 1 2 1900 (1) 11/16 Ch	11 O hoit		Eutaw Place

8-51 VS. A15 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING



# PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The con MARGIN RESERVED FOR BINDING

A15 VS.

N

write the causes of death clearly and legibly.

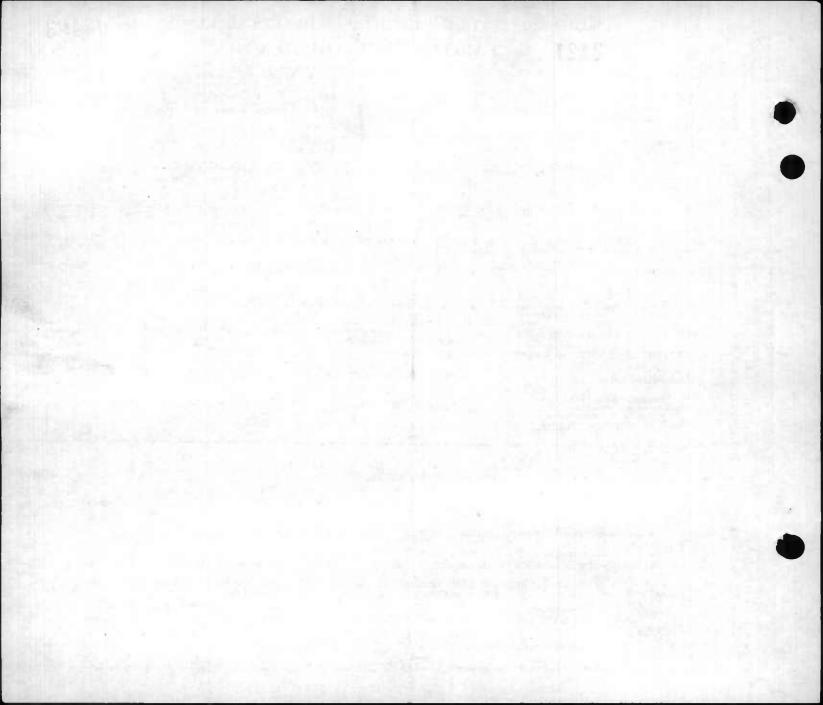
age is especially important. Physicians: please

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 02403

2421 CERTIFICATE OF DEATH

Reg. Dist. No.

county Baltimore MARYLAND		SIDENCE (HO	MIN) OF BRICERION			
COUNTY DELCIMOTE MARYLAND	STATE	Marvlan	đ	COUNTY		-511
CITY (1f outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)  TOWN  (in this place)			e limits, write RUR	AL and gi	ve neares	t town)
11OSPITAL OR	STREET	Darvino	(If rural give lo	cation)	- 1	
INSTITUTION OR STREET ADDRESS	ADDRESS	S. Pays	on St			/
Paradise Nursing Home	(Last)	4. DAT		(Day)	(Year)	
3. NAME OF (First) (Middle) DECEASED: (Type or Print) Julia McSwe	enev	OF DEA	ru: Mar.	7	19 55	
female   6. COLOR OR RACE:   7. SINGLE, MARRIED, WIDOWED, DIVORCED,   8. DATE (Specify): Single   Mar			st birthday: IF UNC		Hours	Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):  13. FATHER'S NAME:  10a. USUAL OCCUPATION Give kind of working life, even if retired):  10b. KIND OF BUSINESS OR INDUSTRY:	Balt 14. MOTHER'S	ACE (State or	foreign country):	12. CITI	ZEN OF NTRY?	WHAT
	-					
Daniel McSweeney  15 Was Deceased Ever in U.S.Armeo Forces?   16. Social Security No.:   17.		nnah En	ey			
(Yes, no, or unk.) (If Yes, give war or dates of			le 722 Ed	gewoo	d St	•
Immediate cause	rellation	• /			Interval Onset An	Death
Antecedent causes (s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.  (c)	ohe (A	EDO URB	what Dasc	185	10 /6	3/2,
giving rise to the above cause stating the underlying cause last. DUE TO  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	ohe (m	eno Vas	mhre Disc	PSF	10 JE	387,
giving rise to the above cause stating the underlying cause last.  (c)  11. OTHER SIGNIFICANT CONDITIONS	ohe (m	DIO VAS	mhre Disc		10 JK	
giving rise to the above cause stating the underlying cause last. DUE TO  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					0. AUT(	OPSY ?
giving rise to the above cause stating the underlying cause last. DUE TO  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION			(COUNTY)		0. AUT(	OPSY ?
giving rise to the above cause stating the underlying cause last.  DUE TO  (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.  19a. DATE OF OPERATION:  19b. MAJOR FINDINGS OF OPERATION  21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.)	(CITY OR HOW DID IN	TOWN)	(COUNTY)		(0. AUT( Yes □ ΓΕ)	OPSY ?



VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF	HEALTH—BALTIMORE, 18	Reg() Msf. () A
Tem 10 Film Ul/3 3-10-55 ams	TIMARICA MINA OTA DINAMIT	No
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Anne Aru	ndel
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits write RURAL and	
OR and give nearest town) TOWN Catonsville 3mo.8days	or TOWN Baltimore	02x-2
HOSPITAL OR INSTITUTION OR STREET ADDRESS Spring Grove State Hospit	STREET (If rural, give location)	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Howard Milton M.	Miller DEATH March 11	19 55
Male RACE: WIDOWED, DIVORCED, (Specify) Married 6-	TE OF BIRTH: 9. AGE last birthday: IF UNDER I YES. Months Day	
10a. USUAL OCCUPATION (Give kind of   10b. KIND OF BUSINESS (	OR   II. BIRTHPLACE (State or foreign country):   12.	CITIZEN OF WHAT COUNTRY?
work done during most of work life, even if retired): Glass Worker - Swindell Co.	Maryland	USA
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Albert Miller	Sophia Kaisier	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of Unknown service) Yes Unknown	17. INFORMANT & ADDRESS:  Records Spring Grove State	Hospital
	CAL CERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		ONSET AND DEATH
Z3/X Immediate cause (a) Congestive hea	rt failure	
DUE TO	Principle	
Antecedent cause(s) Diseases or conditions, if any, (b)	114/11/94/11/11/1	***********
giving rise to the above cause DUE TO		
stating underlying cause last (c) Mediastinal	tumor or growth	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY? Yes XNo
21s. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.  21b. PLACE (Home, farm, factor OF street, office bldg., et INJURY	CCo,	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF While at Not while NJURY M. M. work □ at work □	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains descr find that death resulted from: Natural causes Acc SIGNATURE	cident   CHIEF MEDICAL EXAMINER  CHIEF MEDICAL EXAMINER  CHIEF MEDICAL EXAMINER	Inquiry 🛣, and mined cause □.  DATE SIGNED  #-11-55
REMOVAL (Specify): 3/15/55 Baltimore		
DATE RECT BY LOCAL BEGISTRAR'S SIGNATURE	James L. McCully - 130 E. Fort	Ave • ADDRESS



2423

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 45

1. PLACE OF DEATH-	2. USUAL RESIDENCE (HOME) OF DECEASED
Balto - MARYLAND	STATE // d COUNTY
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
540R give nearest town) (in this place)	TOWN / Iddle River 54
HOSPITAL OR	STREET (If rural give location)
INSTITUTION OR STREET ADDRESS /8 Coc (Tpit 5 +.	ADDRESS /8 Cockpit St
3. NAME OF (First) (Middle)	
DECEASED	OF
(Type or Print) The be	1//er DEATH 3 2 1973
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If under 24 br. Months Days Hours Min.
Female white WIDOWED, DIVORCED, (Specify) widow	1/2/23/1767 UU yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT
a thome own to way home	Pa Country?
13. FATHER'S NAME	14. MOTHER'S MAIDEN, NAME
John Bottorf	Jane Bateman
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT
(Yes, no, or unknown) (If yes, give war or dates of lervice)	Foster Miller 18 coctipit St.
18. MEDICAL CE	
	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
331 Xmmodiate cause (a) Condia c	
Immediate cause (a)	. anes
Antecedent cause(s)	
Diseases or conditions, if any, (b)	Lan accident 2 day
giving rise to the above cause stating the underlying cause last	
H. OTHER SIGNIFICANT CONDITIONS	e caretas vers cular disease 20 yrs
Conditions contributing to the death but not	
related to the disease or condition causing death.	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No Z
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF While at Not While INJURY m. Work At work	
1140101	
22. I hereby certify that I attended the deceased from	, 19.5.2, to March 2, 195.5., that I last saw the deceased
alive on March 2, 19.55, and that death occurred at.	0.45.6.m., from the causes and on the date stated above.
SIGNATURE (Degree or title)	ADDRESS, DATE SIGNED
do: 1 110 110	127 J. O. O. O. H.
your ormenuty My	191 runings line, Bullo St. Md
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or county) (State)
DWAIRL 312 VIII GARA	ROVIEW CEM. PENNA.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REG. 3/7/5 Caid, Sturley -	Sassahn Tuneral Home
	THO! DAV. Of
	1401 Beller Rd

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information/carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

DECEIVE

BUREAU V. S.

OR WRITE PLAINLY, WITH UNFADING INK.

Supply every item of information carefully. The

PLEASE TYPE

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

#### CERTIFICATE OF DEATH

MARYLAND STATE DEPARTME	ENT OF HEALTH—BALTIMORE, 18	02406
2424 CERTIFICAT	TE OF DEATH Reg. Dist	. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore MARYLAND	state Maryland county	
CITY (If outside corporate limits, write RURAL LENGTH OF STA		nd give nearest town
X TOWN Fort Howard 2 Days	TOWN Raltimore	3 V 01 - 4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hosp	STREET (If rural give location) pital 3743 Nortonia Rd.	/
3. NAME OF (First) (Middle) DECEASED:	OF	Day) (Year)
(Type or Print) FRANK H. MI 5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DAT	TE OF BIRTH: 9. AGE last birthday if under 13	1955
RACE: WIDOWED, DIVORCED, Male White (Specify): Married 2/3		Pays Hours Min.
10A. USUAL OCCUPATION (Give kind of tom KIND OF BUSINESS work done during most of working life, OR INDUSTRY:		CITIZEN OF WHAT
even if retired): Salesman Stationary		S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Frank D Mills	May R. Hodgkins	
15. WAR DECEASED EVER IN U.S. ARMED FORCES! 18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) W-I 212 16 2212	Clin.Rec. Vet.Adm. Hosp., Ft. How	ard, Md.
18. MEDICAL CERTIFIC I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ATION	INTERVAL BETWEEN
443 X IMMEDIATE CAUSE (A) CEREPROVAS	CULAR ACCIDENT	2 Weeks
	VE CARDIOVASCULAR DISEASE	
DISEASES OR CONDITIONS, IF ANY, (B)		
STATING UNDERLYING CAUSE LAST. DUE TO		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19a. DATE OF OPERATION: 19a. MAJOR FINDINGS OF OPERATI	ION	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, for or o	factory, 21c. WHERE DID (City or town) (Counder, etc. INJURY OCCUR?	
OF INJURY  OF INJURY  OF INJURY  TA M.   21E INJURY OCCURR While   Not while   at work   at work	RED   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that Kattended the deceased from Mar	. 11, 1955, to Mar. 13, 1955, XK-XXXXX	Yaw the deceased
STONATURE E CONTRACTOR MAD death occurred	at 1:10AM, from the causes and on the date ADDRESS DA	stated above. re signed
C. GONZALEZ, M.D.	M. D. VAH, Fort Howard, Md.	3/13/55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMI	ETERY OR CREMATORY LOCATION (City, town, or	
Rurtat	National Cemetery Raltimore, Ma	ADDRESS
REGISTRAR THE STANDARD SIGNATURE	Howard G. STRONG Funeral Hom	6

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#### MARYLAND STATE DEPARTMENT OF HEALTH

2425

2411 N. Charles Street, Baltimore

02407

## CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH COUNTY Baltimore -19 MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED.	
CITY (If outside copporate limits, write RURAL d CORTH OF STAY OR give nearest ton)	CITY (If outside corporate limits, write RURAL and give OR TOWN	nearest town)
HOSPITAL OR 131/ Sparrous Pt. Rd	STREET (If rural, give location)	1
3. NAME OF DECEASED (Middle) (Type or Print)  (Type or Print)	(Last) 4. DATE (Month) OF DEATH WAY).	(Day) (Year) 24 /955
6. SEX 6. COLOR OF RACE 7. SINGLE, MARRIED, WISOWED, DIVORCE,	8. DATE OF BIRTH   9. AGE last hirthday   If under I	year If under 24 hrs. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or done dring most of working the event of the done in the state of working the event of the state	11. BIN HPLACE (State or foreign country) 12.	CITIZEN OF WHAT
13. FATHER'S NAME Minides.	Arlane . I lost name un	Kusim).
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes. no. of unknown) (If yes, give war or dates of service)	17. INFORMANT AND ADDRESS Will. a	ddiess:
IS. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	,	ONSET AND DEATH
141 × Immediate cause (a) Snanite		2 wks.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	arcinoma tongue.	14mp.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	Yes No [
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		(SIAIL)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m.   Work   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 212.	1932; to Mar 24, 1956, that I last sa	w the deceased
alive on Mar 2.3 , 19.5.5, and that death occurred at (Degree or title)	ADDRESS	ted above. DATE SIGNED
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	HUP+RA · Balto · 19- 3/24 RY OR CREMATORY   LOCATION (City, town, or count)	/55 (State)
REMOVAL (Specify) 3/28/55 Oak Laur	W Country Bultime M	ADDRESS
TATE REC'D BY LOCAL RESISTRAR'S SIGNATURE	4100:117 040 3400	ADDIVESS

DECEIVED MAR 29 1955

BUREAU V. S.

# 2426

#### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

	F	OR MEDICAL	EXAMINERS	Reg. D	ist. No. 444
1. PLACE OF DEATH- COUNTY Baltin	nore	MARYLAND	2. USUAL RESIDENCE (HE STATE Marylane	_ C	OUNTY More
CITY (If outside corporate limits OR give nearest town) TOWN Sparrows	, write RURAL and	LENGTH OF STAY (In this place)	CITY (If outside corporat OR TOWN Sparrow	e limite, write RURAL S Point 10	and give nearest town)
INSTITUTION OR STREET ADDRESS Beth	le <b>h</b> em Ste	el Plant	ADDRESS	(If rural, give local I Street	tion)
3. NAME OF DECEASED (Firm Type or Print)	Wilb	(Middle)	Morris -	4. DATE (Mondo) OF DEATH Mar	h 21,1955 19
Male Whit	OR RACE 7. SIN WIDO	GLE, MARRIED, OWED DIVORCED, ecity) MAPPIOD	Sept.13 1900	5/1 ym. 3	funder 1 year   If under 24 hr fonths   Days   Hours   Min
10a. USUAL OCCUPATION (Give done during most of working life, ev. Well CET 13. FATHER'S NAME	en if retired) 1NDUS	Kino of Business on Stry Steel	Pennsylvani	2	COUNTRY?
Thomas Mo	DANTE FORCEUT   18 (	SOCIAL SECURITY NO.	Alice Rit		
(Yearno, or unknown) (If yes, give	var or dates ol 2]	3-07-10/12 18. MEDICAL CE	Grace Morris		Pt.19.Md.
I. DISEASES OR CONDITIONS	DIRECTLY LEAD	NG TO DEATH	eclisin		INTERVAL BETWEE ONSET AND DEAT
Antecedent cause(s) Diseases or conditions, it a giving rise to the above ca stating the underlying cause	e inst			WARREST TO A STATE OF THE STATE	
II. OTHER SIGNIFICANT CONI Conditions contributing to the de related to the disease or condition	atb but not	1			
19a. DATE OF OPERATION   19	b. MAJOR FINDIN				Yes No.
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING CAUSE OF DEATH.	IG OF office	me, farm factory, street, bldg., etc.)	(CITY OR T		UNTY) (STATE)/
TIME (Month) (Day) (Year OF INJURY	r) (Hour) INJUI While work	at. Not while	HOW DID INJURY OCC	UR?	
22. I certify that I took charge obtained by said Autopsy, I from: natural causes SIGNATURE	nspection or Inquiaccident , suic	iry, find that said dece cide , homicide , (Degree or title)	ased died on the dry stated undetermined ADDRESS	labove, and death i	n my opinion resulted
REMOVAL (Specify)  ADATE REOD BY LOCAL   RE	TE THEREOF V 25/55 GISTRAR'S SIGNA	Moreland		Baltimore (	
March 23-55 d	awson	Lo. Harber	Walter Brook	o Bradley, Ge	e. Dundalk 22

DECEDVED NAR 28 1955

BUREAU V. S.

# 2427

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charies Street, Baitimore

#### CERTIFICATE OF DEATH

	ODM IN TOTAL	Reg. Dist.	No
	1. PLACE OF DEATH- COUNTY BALTINIORE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE COUN	
5	OR give nearest town) To w So N (in this place)	CITY (If outside corporate limits, write RURAL and OR TOWN BOAT WOVE	give nearest town)
0	HOSPITAL OR INSTITUTION OR CODD NURSING HUME	STREET (If rural, give location) ADDRESS 2903 E. Baltimo	re St. V
	3. NAME OF (First) (Middle) DECEASED (Type or Print) JOSEPH :- M	(Last) SR   4. DATE (Month) OF DEATH MARCH	(Day) (Year)
	5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WI do WED	8. DATE OF BIRTH   9. AGE last birthday   If und	er 1 year   If under 24 hrs.
	10a, USUAL OCCUPATION (Give kind of work done, during most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (State or foreign country)  NARY LAND	12. CITIZEN OF WHAT COUNTRY? USA
	Gregory Mullen	Mary Donnelly	
1	15. Was Deceased Ever IN U.S. Armed Forces? (Yes, no, or, unknown) (If yes, give war or dates of service)	Herbert Mullen - 2822 F. Bo	Utimore St.
4)	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  33/X Immediate cause (a)	entification	INTERVAL BETWEEN ONSET AND DEATH
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (c)	arteriosclerais	Predef.
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  HOMICIDE INJURY	(CITY OR TOWN) (COUNT	
	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While INJURY m. Work A twork	HOW DID INJURY OCCUR?	
1s especially	22. I hereby certify that I attended the deceased from march alive of march 32, 19 55, and that death occurred at SIGNATURE (Degree or title)	17 W. Panna. ave. Town 4 Ind.	stated above.  DATE SIGNED  Saclas 14:
	Buria (Specify) Mar. 28, 1955   Sacred Hear	TCEMETERY Baltimore, Mo	2
	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	John A. Moran - 3000 E. Bat	ADDRESS timene St.

VS. A15

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BUREAU V. S.

VS. A15

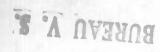
#### TATE DEPARTMENT OF I MARYLAND STATE DEPARTMENT 02410

2428

DEATH

Reg. Dist. No. 35

	2								
I. PLACE OF	F DEATH:				2. USUAL RESID	ENCE (HOME)	OF DECEASE	D:	
COUNTY	Baltimore		MARYI	LAND	STATE Ma:	rvland		COUNTYBE	ltimore
CITY (If	outside corporate lingive nearest town) Towson	mits, write	RURAL LENGTH			ide corporate lim Towson	its, write RUR	AL and give	nearest town)
IIOSPITAI INSTITUT STREET A	OR	Loch F	Raven Blvd.		STREET	6614 Loch	f rural give los Raven Bl		- 1
3. NAME OF DECEASED (Type or Pr		ARCH	(Middle)	LAY, JR	(Last)	4. DATE OF DEATH:	(Month) March	(Day)	(Year) 19 55
s. sex:	s. color or RACE: White	7. SINGI WIDO (Speci	WED, DIVORCED,	July 2'	7, 1917	9. AGE last bi	yrs. Month	Days I	Hours   Min.
work done	occupationGive during most of wor etired): Attendar	kind of	10b. KIND OF BU INDUSTRY: Service St		Maryland	E (State or fore	ign country):	12. CITIZI COUN' USA	EN OF WHAT
13. FATHER'S	NAME:	20			14. MOTHER'S MA	IDEN NAME:			
John .	Archer Murra	ay .			Elizabeth	Hiser		a.v	
	k.) (If Yes, give war service) None				ohn A. Murr		Loch Rave	en Blvd	.,Towsn
Anteced Diseases giving ris	ent causes (s) or conditions, if an se to the above cau the underlying cause	se last. DUE	o) TO		Brown				
11. OTHER SI	IGNIFICANT COND	ITIONS				Tie.			
Conditions	contributing to the	death but	not z death.						
19a. DATE OF	OPERATION: 19	b. MAJOI	R FINDINGS OF OI	PERATION				400	Yes No B
21. ACCIDEN' SUICIDE HOMICIDI	E	OF INJU		.)	(CITY OR TO		(COUNTY)	(STATE	3)
OF INJURY	nth) (Day) (Year)	m.	Work At	While Work [	HOW DID INJU	1. 20. 0	/		
alive on SIGNAT	Thorles H	Fand Vers_	that death occur (Degree or title)	rred at/.	Am fro	Ca Da	and on the	date state	d above. IGNED
REMOVA		r. 12,1	955 Druid	Ridge C		0	N (City, town,		
medistra man. 12	P 1955	Make	C. Skay	2	FONERAL DIE	ne Sm	Z, T	owson,	Md.



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Supply every item of information carefully. The

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (12411

2429 CERTIFICATE	E OF DEATH Reg. Dist	. No. 38
1. PLACE OF DEATH:  COUNTY BALTIMORE  CITY (If outside corporate limits, write RURAL or and give nearest town)  HOSPITAL OR INSTITUTION OR STREET ADDRESS 81 WELLINGTON RD.	2. USUAL RESIDENCE (HOME) OF DECEASE!  STATE MARY LAND COUNTY BAL  CITY(If outside corporate limits, write RURAL a OR TOWN TOWSON 4  STREET (If rural give location) ADDRESS 82/ WELLING TON	TIMORE and give nearest town)  55
DECEASED: (Type or Print) JOSEPH HOWARD MU	(Last)  4. DATE (Month)  OF DEATH:  OF BIRTH:  9. AGE last birthday IF UNDER 1	Day) (Year) 1955 YEAR IF UNDER 24 HRS. Hours Min.
IS. WAR DECEASED EVER IN U.S. ARMED FORCEST  (Yes, ng, or unk.) (If Yes, give war or dates of service)  18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	HELEN MURRAY  17. INFORMANT & ADDRESS:  FAMILY RECORDS	INTERVAL BETWEEN ONSET AND DEATH
H20./ IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	moter of Coronary deserve	13 hearth
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	tory, 21c. WHERE DID (City or town) (Coun	20. AUTOPSY? YES NO ty) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  M. 21E INJURY OCCURRED While at work at work  2. I hereby certify that I attended the deceased from	D   21F. HOW DID INJURY OCCUR?	saw the deceased
alive on 3/1/, 1955, and that death occurred at SIGNATURE	& 43 M, from the causes and on the date	stated above. TE SIGNED

BUREAU V. S.

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work done during most of working life, even if retired): FATHER'S NAME unk.) (If Yes, give war or dates I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE ANTECEDENT CAUSE (S' DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. 19A. DATE OF OPERATION: 21A. ACCIDENT WAS UNDERLYING | 21B. PLACE (Home, farm, factory. OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21E INJURY OCCURRED 21D. TIME (Month) (Day) (Year) (Hour) 21F. HOW DID INJURY OCCUR? While Not while OF INJURY at work at work , 19 5 to If that I last saw the deceased 22. I hereby certify that I attended the deceased from alive on and that death occurred at M. from the causes and on the date stated above. SIGNATURE DATE SIGNED M. D. 23. BURIAL CREMATIO TION (City, town, or county) REMOVAL (SPECHY) 24 DATE PEC'D BY LOCAL REGISTRAR

gibly	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
200	county Baltimore MARYLAND	state Maryland county Baltimore
	CITY (If outside corporate limits, write RURAL or and give nearest town)  Verlea  LENGTH OF STAY (in this place)	CITY(If outside corporate limits, write RURAL and give nearest town) OR TOWN OVERLEA
	HOSPITAL OR INSTITUTION OR 8 East Overlea Avenue	STREET (If rural give location) ADDRESS 8 East Overlea Avenue #6
	3. NAME OF (First) (Middle) ( DECEASED: (Type or Print) Mr. John Henry Nolker	(Last) 4. DATE (Month) (Day) (Year)  OF DEATH: MARCH 10th 1955
	5. SEX: 6. COLOR OR 7. SINGLE. MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify): married Aug. 1,	9. AGE iast birthday   If UNDER 1 YEAR   Hours   Min.
	ork done during most of working life, even if retired): Retired Capt. Balto City Fire De	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Ept. Baltimore, Md. USA
1	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
2	Henry Nolker	Elizabeth Kramer
ı	(Yes, no, or unk.) (If Yes, give war or dates of service)	Mrs. Mary E. Nolker, 8 E. Overlea A e. #6

DUE TO ANTECEDENT CAUSE (S) > DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING

TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH MAJOR FINDINGS OF

20. **AUTOPSY?** YES T NO [

(County)

(State)

21A. ACCIDENT WAS UNDERLYING [ 218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (IF EITHER, NOTIFY MEDICAL EXAMINER)

21F. HOW DID INJURY OCCUR?

21E INJURY OCCURRED OF INJURY

21D. TIME (Month) (Day) (Year) (Hour)

Burial

18 March, 1954, to 10 March, 195, that I last saw the deceased age 22. I hereby certify that I attended the deceased from

> 47. M, from the causes and on the date stated above. alive on 10 March 19 15 SIGNATURE DATE SIGNED

LOCATION (City, town, or county) 23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORY

Baltimore, Laryland Cemetery

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR

24. FUNERAL DIRECTOR **ADDRESS** Leonard J. Ruck, 5305 Harford Road #14

MARGIN RES

WITH UNF Physician

PLAINLY,

WRITE

OR

PLEASE TYPE

important.

A15 VS.

Dr. Lilienfeld

714 E. Preston Street

6 - 8 Thursday

9 - 10 Friday.

The correct

PLEASE

MARYLAND STATE DEPARTMEN	IT OF HEALTH—BALTIMORE, 18 ()2413
2431 CERTIFICATE	OF DEATH Reg. Dist. No. 33
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Ballings MARYLAND	STATE Mullery County Bullings
CITY (12 outside corporate limits, write RURAL   LENGTH OF STAY OR and give nearest town) (in this place)	CITY (1f outside corporate limits, write RURAL and give nearest town)
X TOWN Hampstiage Owner 10 yes	TOWN Hambet at Rural X
HOSPITAL OR INSTITUTION OR	STREET (If rural, give location)
TO STREET ADDRESS Lifty Subleywill 120	ADDRESS offer Buhlinsville Rd
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print)	DEATH: March 28 1935
RACE: WIDOWED, DIVORCED,	OF BIRTH: 9. AGE last birthday: IF UNDER 1 YEAR IF UNDER 24 HRS.    Months   Days   Hours   Min.
Jemale White (Specify) Inquied Much	11 1907 4.8 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even in retired) (10b. KIND OF BUSINESS OF INDUSTRY;	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
tames to Tambert	Surie alban
15. WAS DECEASED EVER IN U.S. ARMEO FORCES 7 16. SOCIAL SECURITY NO.: 17. (Y.s., no., or unk.) (If Yes. sive war or dates of	INFORMANT & ADDRESS:
service) 2/7-U1-646.5	andrew heter to Hampsland had
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  153 X  Immediate cause  (a) Juniply Ch	ERTIFICATION  INTERVAL BETWEEN ONSET AND DEATH  Company of the com
Antecedent cause(s)	. 21
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last  (c)	maria & Carlein 2 you.
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION: 19b MAJOR FINDINGS OF OPERATION:	Oct 4 A.
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while work \[ \bullet \tau \text{ twork} \bullet \bullet \text{ at work} \bullet \]	HOW DID INJURY OCCUR?
(22. hereby certify that I attended the deceased from	, 19.53 to March 2819.J.J., that I last saw the deceased
	2
SIGNATURE DEGREE OR TITLE	E) ADDRESS DATE SIGNED
Just Elduch MA	Hampalian ml 3/28/5-5
23. BURIAL (REMATION DATE THEREOF NAME OF CEMETER PROVAL (Specify):	12.18
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR ADDRESS ,
REG. 3-30-55 Novy 13.2/ive	Edel & Tyston, Hampstond Mid



BUREAU V. S.

REG.

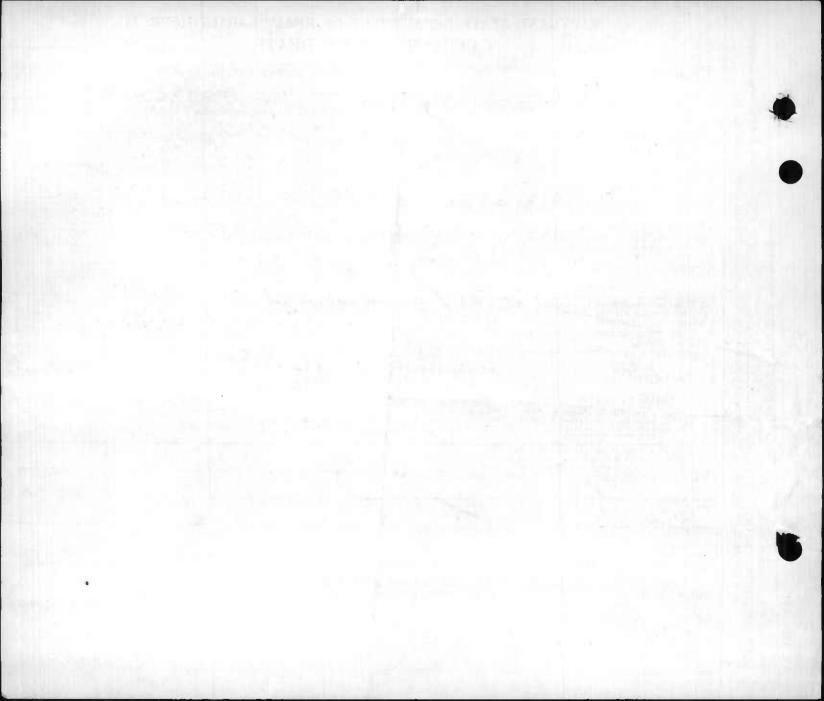
DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMEN	T OF HEALTH—BALTIMORE, 18	02415
2433 CERTIFICATE		No.
W 200 CERTIFICATE	OF DEATH Reg. Disc.	
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	1
COUNTY Baltimore MARYLAND	STATE Md COUNTY Walk	,
CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place)	OR TOWN	give nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS G Castern Shot,	1
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day)	(Year)
DECEASED: (Type or Print) Helliam Frederick no	ton OF DEATH: 3-28	- 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. Specifyliae 2 -	Months D	YEAR IF UNDER 24 HRS. Hours   Min.
10a. USUAL OCCUPATION (Give kind of 10b. KIND OF BUSINESS OR work done during most of working life, even if retired) working life,		COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Tred. H. norton	Dissue I, Stright	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY No.: 17. (Yes, no. or unk.) (If Yes, give war or dates of service) 213-07-4269	Sarah Chiz-horton ( Life) a	bore
18. MEDICAL C	ERTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	n Press on	ONSET AND DEATH
Immediate cause (a)		
Antecedent cause(s)	the Heart Streame	6 yrs
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last		
(c)  II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION:		20. AUTOPSY?
	(CTTY OR TOWN) (COUNTY) (	Yes No X
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) office bldg., etc.) INJURY	(6,11 61 16 11)	SIAIE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not while   INJURY   M.   work   at work	HOW DID INJURY OCCUR?	
00.	1949, to March, 48 55 that I last so	aw the deccased
ZZ I Bereav certhy Last, I strenged the deceased from	3.3.5 P.m., from the causes and on the date	stated above.
SIGNATURE Much Much (DEGREE OR TITLE		DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL Specify): 4-1-5 Suntant	RY OR CREMATORY LOCATION (City, town, or co	ounty) (State)

24. FUNERAZ DIRECTOR

ADDRESS



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2434	CER
PLACE OF DEATH:	

### TICA SECTION SECTION

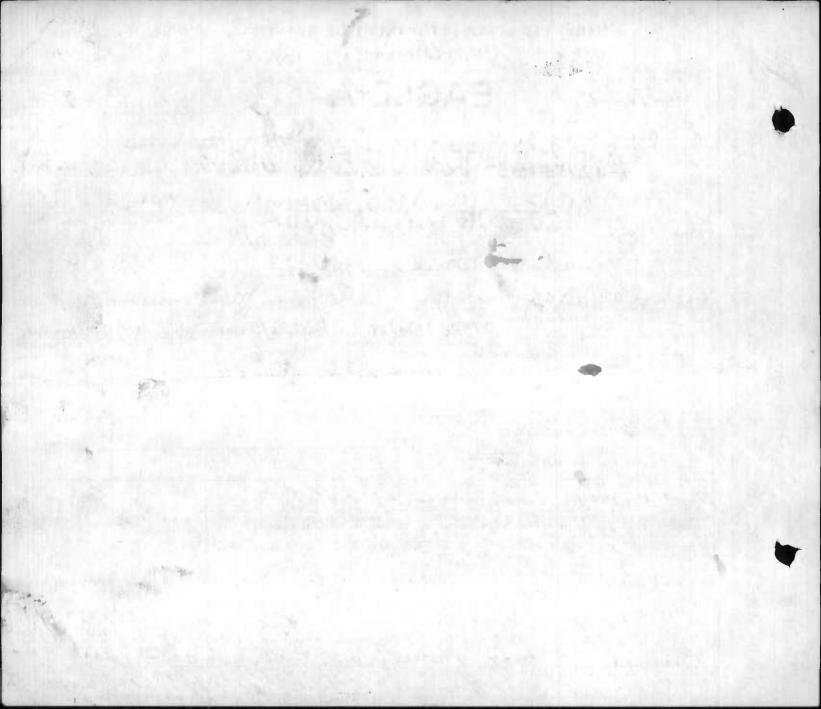
	2434 CERTIFICAT	E OF DEATH	Reg. Dist. No.
ly.	I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME	) OF DECEASED:
and legibly	COUNTY Balto. MARYLAND	STATE Md. CO	YTAUC
i le	CITY (If outside corporate limits, write RURAL LENGTH OF STAY on and give nearly town) (in this place)	CITY(If outside corporate limit	s, write RURAL and give nearest town)
and	SLITOWN middle River md.	TOWN Balto.	34-01-4
rly	HOSPITAL OR INSTITUTION OR	STREET () (If AT	aral give location)
clearly	OBSTREET ADDRESS / G Haruson Oul.	516 South Ly	gerne ave 24 md.
	3. NAME OF (First) (Middle)	(Last) 4. DATE	(Month) (Day) (Year)
death	(Type or Print) TIPLA YYLACIOCN	UKNOWNING DEAT	
of d	PACE WIDOWED DIVORCED .	OF BIRTH: 9. AGE last bis	Months   Days   Hours   Min.
	Temple W. (Specify) W. Laward Sept	11 BIDTHPI ACE (State or foreign	n country):  12. CITIZEN OF WHAT
causes	work done during most of working life, even if retired):	0.0.0	COUNTRY
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME	14.5.1
the	Vial of an Imalian whise	Ten0:0 m.10	
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY No.	17. INFORMANT & ADDRESS:	tonner
M e	(Yes, no fr unk.) (If Yes, give war or dates of service)	a. Christine Brees drive	shi - 1407 Easternand.
eas	18. MEDICAL CERTIFICA	TION	INTERVAL BETWEEN
pl	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	1/1/2 30	ONSET AND DEATH
Physicians:	IMMEDIATE CAUSE (A)	tatic laceno	ma 6 mo
	ANTECEDENT CAUSE (S)	1 0	
ysic	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	and of cocon	18 mo
Ph	STATING UNDERLYING CAUSE LAST.		
nt.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		29
rta	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
ecially important	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	ON /	20. AUTOPSY?
	Sept 14, 1954 Carcona of	colon	YES NO X
	21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factor or CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	etory, 21c. WHERE DID (City or ), etc. INJURY OCCUR?	town) (County) (State)
esp	21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE   While Not while	D   21F. HOW DID INJURY OCCU	JR1
82	M.   at work   at work	- 4	17-
98	22. I hereby certify that I attended the deceased from	- 18, 193, to Man 3,19	that I last saw the deceased
ಥ	alive on Mar 2, 1933, and that death occurred at		
correct	SIGNATURE Joseph Much	A. D. 423 Entern G	Same Signed
cor	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMET		Ny (City) town, or county) (State)
	BOTOVAL (SPECIFY) 2-7	Too to	alt T

AINLY, WITH UNFADING INK. OR WRITE PL PLEASE TYPE - 10 - 53 A15-VS.

DATE REC'D BY

MARGIN RESERVED FOR BINDING

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2435

CERTIFICATE OF DEATH

Reg. Dist. No.

200	The state of the s		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY Baltimore MARYLAND	STATE Maryland . COUNTY Anne	Amundel	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and		
OR and give nearest town) (In this place)  TOWN Fort Howard 10 Days	TOWN Annapolis	2-10-2	
HOSPITAL OR	STREET (If mirel give location)	1d-10-do	
50 STREET ADDRESSVeterans Administration Hospi	ADDRESS	1	
		1	
3. NAME OF (First) (Middle) DECEASED:	(Last) 4. DATE (Month) (Da		
(1)po or 1 may office and 1		8, 1955	
RACE: WIDOWED, DIVORCED.	y 14, 1879 76 yrs. Months Da		
OA. USUAL OCCUPATION (Give kind of work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or foreign country) 12. C	ITIZEN OF WHAT	
even if Burlding Attendant Federal Governme		OUNTRY?	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	1 May 12 11	
Arthur Oliver	Rachel MN: Watkins	200	
S. WAR DECEASED EVER IN U.S. ARMED FORCEST 10 SOCIAL SECURITY ONO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates of service) WW-I	Clin.Rec., Vet.Adm. Hospital, For	t Howard, Md	
18. MEDICAL CERTIFICA I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN	
01.00			
IMMEDIATE CAUSE (A) SENILITY	AND DIABETES MELLITUS	UNKNOWN	
ANTECEDENT CAUSE (S)		1. 1	
DISEASES OR CONDITIONS, IF ANY. (B)			
DISEASES OR CONDITIONS, IF ANY. GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO			
(c)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DOCK OPENA		0 21770	
DISEASE OR CONDITION CAUSING DEATH. POST OPERATIVE SHOCK		2 DAYS	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	ON .	20. AUTOPSY?	
3-16-55 Above Knee Amputation, Ix	eft leg	YES NO	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory. OF CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR? (State)			
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, OR CONTRIBUTING AUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work at work 21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED 21F. HOW DID INJURY OCCUR?			
and that death occurred at 9:50PM, from the causes and on the date stated above.			
SICH ATTORITY OF THE STATE OF T			
MILLIAM B VANDEGRIFT, M.D.  23. BURIAL CREMATION DATE THEREOF   NAME OF CEME	M.D. VAH, Fort Howard, Md. 3-19- TERY OR CREMATORY   LOCATION (City, town, or	55 county) (State)	
REMOVAL (SPECIFY)			
	National Cem.   Annapolis, Maryl		
REGISTRAR	Ethel Hicks Funeral Home, 43-45	Northwest	
March 21, 1955 Overvion d. Jackey	Street, Annapolis, Maryland		

MARGIN RESERVED FOR BINDING

UNFADING INK.

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Supply every item of information carefully.

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Reg. Dist. No. 4 4

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5. A15 — 10 - 53	PLEASE

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

to,				100000000000000000000000000000000000000	
. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:			
county Baltimore MARYLAND		STATE Maryland COUNTY			
CITY (If outside corporate limits, write RUR	ALI LENGTH OF STAY	CITY(If outside co	rporate limits, write RURAL a	nd give nearest town)	
OR and give nearest town)	(In this place)	OR			
X TOWN Fort Howard 2 Days		TOWN Baltim	ore	Still P. H.	
HOSPITAL OR INSTITUTION OR	ADDRESS	(If rural give location)	all the		
50 STREET ADDRESS Veterans Adminis	stration Hospit	1822 N.	Register St.,	OF DEEP VI	
3. NAME OF (First)	(Middle)	Last)	4. DATE (Month) (I	Day) (Year)	
DECEASED: (Type or Print) WESLEY		PAYNE		10 1\$5	
5. SEX: 6. COLOR OR 7. SINGLE, M. RACE: WIDOWED,	DIVORCED	OF BIRTH: 9.	AGE last birthday IF UNDER 1 Y		
Male Negro (Specify) Ma	ammind 11/2	25/87	67 yrs. Months D	ays Hours Min.	
10A. USUAL OCCUPATION (Give kind of 10s.	KIND OF BUSINESS			CITIZEN OF WHAT	
work done during most of working life,	or industry:	Woohington		COUNTRY?	
13. FATHER'S NAME:	s true (10n	Washington,	DEN NAME	U.S.A.	
UNKNOWN  15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16	6. SOCIAL SECURITY NO.	Unknown	ADDRESS		
(V unle ) (If Vinc man on dates					
Yes of service) WW I	212-12-1966	Clin.Rec., Ve	t.Adm.Hosp.,Ft. H	oward, Md.	
	MEDICAL CERTIFICAT	ION		INTERVAL BETWEEN	
I DISEASES OR CONDITIONS DIRECTLY LE	ADING TO DEATH			ONSET AND DEATH	
221X	OPPOPEDDO MAS	OUT AD ACCIDENT	The state of the s	10 DAYS	
		CULAR ACCIDEN'	I .		
ANTECEDENT CAUSE (8) DUE TO HYPERTENSION, ESSENTIAL DUE to ARTERIOSCLEROSIS				UNKNOWN	
DISEASES OR CONDITIONS, IF ANY, (E	B)	10010		014110111	
GIVING RISE TO THE ABOVE CAUSE DUE	E TO				
029x)					
II OTHER SIGNIFICANT CONDITIONS CONT					
TO THE DEATH BUT NOT RELATED TO THE	E THES PART	MONITIS		TERMINAL	
	NDINGS OF OPERATION	1		20. AUTOPSY?	
				YES NO	
21A. ACCIDENT WAS UNDERLYING 21B.	PLACE (Home, farm, fact	ory. 21c. WHERE DI	D (City or town) (Count	y) (State)	
OR CONTRIBUTING CAUSE OF DEATH OF IN	NJURY street, office bldg.,	etc. INJURY OCCUR?	b (city of lown) (count	y) (State)	
21D. TIME (Month) (Day) (Year) (Hour)   2	1E INJURY OCCURRED	21F. HOW DID IN	JURY OCCUR?		
OF INJURY  While Not while at work at work					
VA ""					
22. I hereby certify that k attended the deceased from Mar. 8, 1955, to Mar. 10, 1955, the preserve and accessed					
alive process and on the date stated above.  SIGNATURE  ADDRESS  DATE SIGNED					
of Desily					
23 BURIAL CREMATION   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION (City, town, or county) (State)					
REMOVAL (SPECIFY)	grap				
Burial 37/3-63	Baltimore Na		Baltimore, Mary	land	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR RAYNET SANDERS FUNERAL PIRECTOR ADDRESS					
B-15:55 U.U.	Sidnele		on Street, Baltim	no 1/d	
	Ex		on voice by Dall Ulik	or of Mu.	

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### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2/27

#### CERTIFICATE OF DEATH

A201 CERTIFICATI	COL DEATH Reg. Dist. No. V/
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
130 Tempe	STATE MASSO, COUNTY
COUNTY MARYLAND  CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place)	TOWN PITTS lield Mass. 58x-3
x rown tockeyarille Ald 2 yes	CIPET (If wirel give location)
HOSPITAL OR INSTITUTION OF	ADDRESS
90 STREET ADDRESS Hasonic Form	Marragausett are
B. NAME OF (First) (Middle)	(Last) ( Day) (Year)
(Type or Print) Silliam (Plagrore)	DEATH: Mar. 27 1957
5. SEX:   6. COLOR OR   7. SHIGHE, MARRIED.   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
Male Hute (Specify):	9-1865 90 yrs. Mondis Days Montes
DAL USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?
work done during most of working life. OR INDUSTRY:	Baltimore Hd
A FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Was to Period	Commence of Oroman
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	b dans on believed
of service) 2/2-/6-0456	a juna m. senocaer
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN ONSET AND DEATH
11113 ×	ti nti nti gren
IMMEDIATE CAUSE (A) JAMPEN	linsire listerio schilo Due
ANTECEDENT CAUSE (\$)	
DISEASES OR CONDITIONS, IF ANY. (B)	Jasculy ouseare
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.	1 11
(c) an	d Bronchetio
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
194. DATE OF OPERATION: 198. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY?
	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac	etory. 21c. WHERE DID (City or town) (County) (State)
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	, etc. INJURY OCCUR?
ID TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRE	D   21F. HOW DID INJURY OCCUR?
OF INJURY M. While at work at work	
	4. M, from the causes and on the date stated above.
SIGNATURE / Cus	Calculate had 30 march 1913
	TERY OR CREMATORY   LOCATION (City, town, or county) (State)
REMOVAL (SPECIEY)	o to sait and
7/133 donain	L 24. PONERAL DIRECTOR ADDRESS A
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. PONERAL DIRECTORY DADDRESS

VS. A15-10-53



ADDRESS

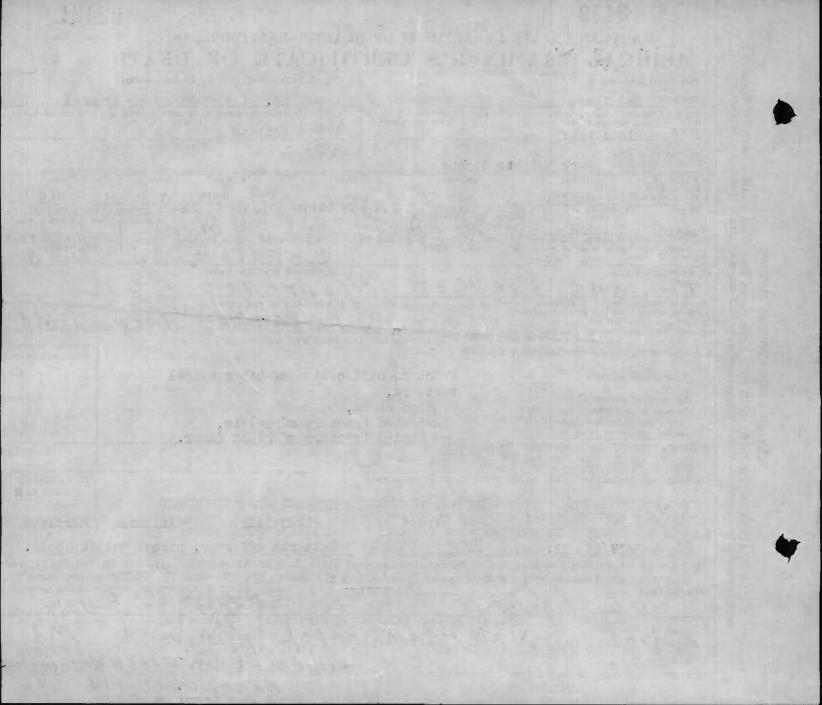
CESE I 108 W. WAShing Tons

AKNAPOLIS, MIG

7S. A15A - 5 - 53

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DATE REC'D BY LOCAL



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Physicians:

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 (1) 24 22

		NEWS,
2440 CERTIFICATE	OF DEATH Reg. Dist.	No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and	d give nearest town
Y TOWN Fort Howard 24 Hrs. 30Min	or TOWN Baltimore	3401-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospit	al 3525 Hickory Avenue	
		ny) (Year)
DECEASED: (Type or Print) JOHN FRANK PE	TTIS DEATH: March 6	1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE OF WIDOWED, DIVORCED, March 4. White (separated) Married March 4.	9. AGE last birthday IF UNDER 1 YE Months Ds	
work done during most of working life, even if retired):  Baker  108. KIND OF BUSINESS OR INDUSTRY:		S. A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
William Pettis	Annie MN: Dipper	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unks) (If Yes, give war or dates of service) WW_T 212-114-9270	Clin.Rec., Vet.Adm. Hosp.Fort How	ward. Md.
18. MEDICAL CERTIFICATION	ON	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
162X BRONCHOGENTC	CARCINOMA, RIGHT UPPER LOBE	
THE OHOUSE		
ANTECEDENT CAUSE (8)	ASES TO LEFT HUMERUS, LEFT	
DISEASES OR CONDITIONS, IF ANY. XXXX FEMUR AND L	YMPH NODES	2 YEARS
STATING UNDERLYING CAUSE LAST.	פארייווסע מיי דעיי דיי דיי דיי דיי	Approx.
Due TO METASTASTS FI	RACTURE OF LEFT FEMUR ROM BRONCHOGENIC CARCINOMA	36 HOURS
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		JO HOURS
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. ARTERIOSCLER	OSIS, GENERALIZED	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20 AUTOROVA
	e into left tibia for traction acture left femur	YES NO
214 ACCIDENT WAS INDEDIVING   218 PLACE (Home form feeto		(84-4-)



A15

especially WRITE TYPEOR age correct SE K

PLE

at work at work 22. I hereby certify that kattended the deceased from March 5, 1955, to March 6, 1955, that blustes exchange and grasse m. mee MILLER, M.D. Chief, Surgical Service D. VAH, Fort Howard, Maryland EMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, LOCATION (City, town, or county) 23. BURIAL, CREMATION. REMOVAL (SPECIFY) Baltimore National Baltimore, Maryland

OF INJURY street, office bldg., etc.

21E INJURY OCCURRED
While Not while

Burial DATE REC'D BY LOCAL REGISTRAR

OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

21D. TIME (Month) (Day)

What I funded & Post Funeral Home ADDRESS

(State)

Panna. Ave. & North Ave. Baltimore, Md.

INJURY OCCUR?

21F. HOW DID INJURY OCCUR?

war a series of the series of and the second multiplication of the property residence and the property of the party of the second

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.
/2a/to. MARYLAND	Balto.
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
OR give nearest town) Raspeburg (in this place)	TOWN /7 as seburg
HOSPITAL OR	STREET (If rural, give/location)
INSTITUTION OR 7939 Belain Ad.	ADDRESS 7939 Belair Ad.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
(Type or Print) A/24 a B	PielHe DEATH 3 / 1953
5. SEX  6. COLOR OR RACE  7. SINGLE, MARRIED. WIDOWED, DIVORCED. (Specify) WI downs	8. DATE OF BIRTH 9. AGE last birthday If under I year If under 24 hrs
Ferrale White (Specify) Widowed	Sept. 24, 1844 80 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind of Business on	I1. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRYS
done during most of working life, even if retired) INDUSTRY	revinany 1 4.34
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
terdinand Blechstein	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
(Yes, no, or unknown) (If yes, give war or dates of   Vo 24	Mr. Gerald Pilte 7938/34/107/74
18. MEDICAL CEI	RTIFICATION
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
42011 Man 2 Par day	In fraction Primite
Immediate cause (a)	, Son March 1
na · n	. 70.1
Antecedent cause(s) Diseases or conditions, if any, (b)	ac failure general years
giving rise to the above cause	1 1
stating the underlying cause last	proles voscular discort ? many years
11. OTHER SIGNIFICANT CONDITIONS	
Conditions contributing to the death but not related to the disease or condition causing death.	ly o cardine change 6 mos.
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Yes No No
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY) (STATE)
SUICIDE OF office bidg., etc.) HOMICIDE INJURY	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?
OF INJURY  m. While at Not While Work At work	
Metal:	
22. I hereby certify that I attended the deceased from	, 19.52, to / JV/ , 19.52, that I last saw the deceased
267ch 1055 11111	6 Am. m., from the causes and on the date stated above.
	ADDRESS DATE SIGNED
SIGNATUR); (Degree or title)	Belan Pel Balto 6 Mel 3-3-55
John C. Ayle vola 1521	18am 2, 2,2,2
23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or county) (State)
Burial (Specify) 3/3/55 Partwood	1 /3a/to. City Md.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
REGUMN 3-953 - John Jo & Royanda	Fassahn Frueral Home 94018 3/air

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and legibly.

The correct age

VS. A15

Dr. Hylle 13 elain Rd.

BUREAU V. S.

DECEIVED

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

112424

Reg. Dist. No. 35

1. PLACE OF DEATH / .	2. USUAL RESIDENCE (HOME) OF DE	CEASED.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	Maryland	Ballimore.
OR give parest town / (lo this place)	CITY (If obtaide corporate limits, write	RURAL and give nearest town)
HOSPITAL OR	TOWN / Ural - Whi	give location)
INSTITUTION OR STREET ADDRESS YOYK RJ	ADDRESS Wise had	ra Rd
3. NAME OF (First) (Middle)	(Last)   4. DATE	(Month) (Day) (Year)
(Type or Print) (harles A, Pisa	OF	19AL 12 1955
6. COLOR OR RACE 17. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last bir	thday   If under 1 year   If under 24 hrs
Male White WIDOWED DIVORCED, (Specify) Sino / C	July 1, 1919 35.	yrs.   Months   Days   Hours   Min.
done during most of religion (Give kind of work done during most of religion (Give kind of work done during most of religion (Give kind of work done during most of religion (Give kind of work done during most of religion (Give kind of work done during most of religion (Give kind of work done during most of religion (Give kind of work done during most of religion (Give kind of work during most of work during most of religion (Give kind of work during most of work during m	11. BARTHPLACE (State or foreign country	12. CITIZEN OF WHAT
13. FATHER'S NAME	Dallimore, M	d. 14. D. H.
A Digital	14. MOTHER'S MAIDEN NAME	
16. WAS DECRASED EVEN IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	1.10/20
(Year po, or unknown) What the supposed of 218-10-4350	a. L. Pinoni - 7/	Lito toll MI
18. MEDICAL CEI	RTIFICATION	may my
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
821X M. 17/1. C.	1 / / /-	11 st 10 7
Immediate cause (a) Multiple Cor	Jeanna Julius &	TWIST THE
Antecedent cause(s)		
Diseases or conditions, if any, (b) giving rise to the above cause	00.000 ; 0.000.000 0.000	
stating the underlying cause last		1
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		
198. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes 🗆 No 🖨
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY FOR CONTRIBUTING OF office bidg., etc.)	(CITY OR TOWN)	(COUNTY) (STATE)
CAUSE OF DEATH. INJURY / Coure /// TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	I arketon ful	
OF While at Not while	HOW DID INJURY OCCUR?	to 1
	Marion of mo	Torycle.
22. I certify that I took charge of the remains described above, held an A	utopsy Inspection 4, Inquiry	thereon and from the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said decet from: natural causes , accident , suicide , homicide	undetermined .	seath in my opinion resulted
SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
11 hr. transe mão	Harbton had	3/13/03
22- BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETER	BY OR CREMATORY / LOCATION (City	y, town, or county) (State)
Burial March 15 1955. Wiseburg	emetery. White Ha	11. Balto Co. Md.
DATE REC'D BY LOCAL RECOVERAR'S SIGNATURE.	24 FUNERAL DIRECTUR	ADDRESS
man 14 1955 Cheerles & Sullon	Lacob Nouleuslan	New Treedom Vo

BUREAU V. S.

BECEINED

The correct age

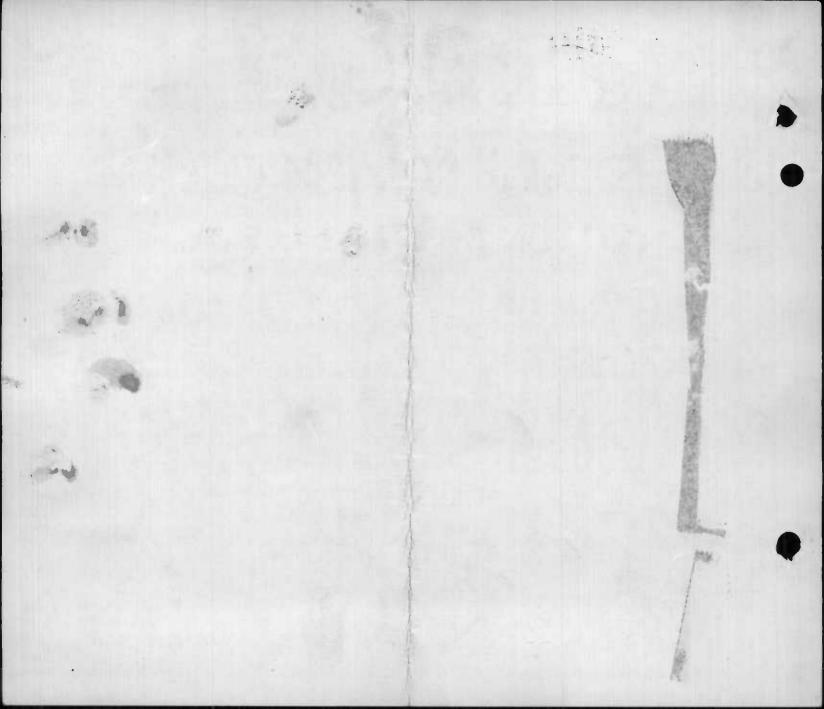
# PLEASE WRITE PLAINLY, WITH UNFADING INK.—Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

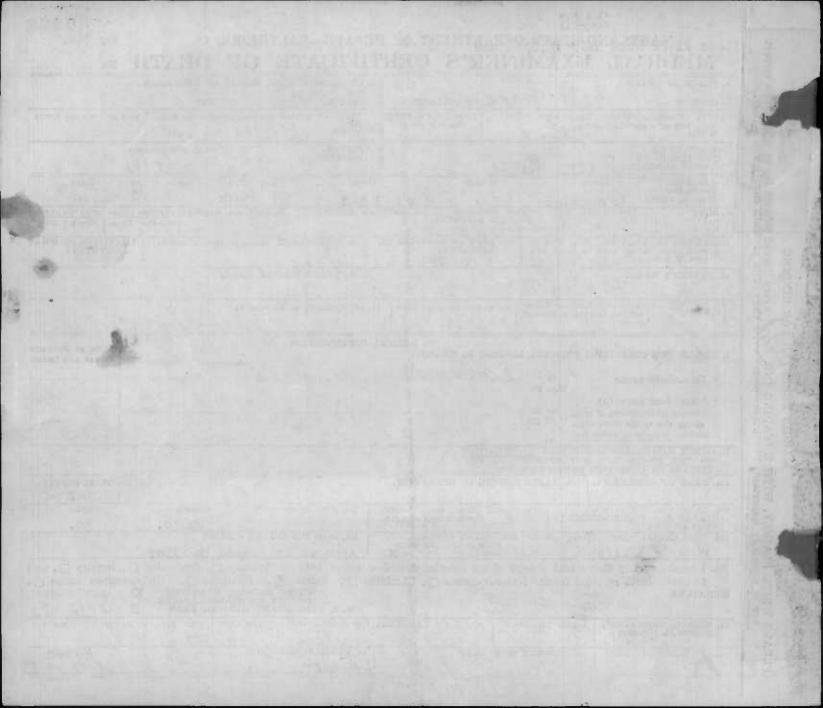
MARYLAND STATE DEPARTMENT OF HEALTH 2443

# CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02425

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	2
COUNTY BALTO MARYLAND	Mac.	ノチトナロ.
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give near	rest town)
X OR give nearest town Process Pt. (In this place)	TOWN Sparrous PT:	X
HOSPITAL OR	STREET (If rural, give location)	1
OD STREET ADDRESS Beth. SteeL DISP	ADDRESS 704 "J * St.	
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (De	ay) (Year)
DECEASED EN NOST	PLEASANT. DEATH 3-5	195
5. SEX   6. COLOR OR RACE   7. SINGLE, MARRIED,	1 8. DATE OF BIRTH   9. AGE last birthday   If under I yes	
WIDOWED, DIVORCED, (Specify) Married	9-10-84 70 yrs. Months Day	Hours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. Kind or Businmss on		TIZEN OF WEAT
done during most of working ille, even if retired)   INDUSTRY   Bethlehem Steel	Clarksville, Virginia	JSA:
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Unknown	Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown) (If yes, give war or dates of 216-10-4224	Mr. Lester Pleasant 2706 Large F	arm Rd.
18. MEDICAL CE	RTIFICATION	TERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		SET AND DEATH
840x DEpartines-Co	mpound - of RVI. big & Flou	144
Immediate cause (a)		
Antecedent cause(s)	(3) INTERNAL INJURIES 2	1 + may
	(3) INTERNAL INJURIES Z	
giving rise to the above cause stating the underlying cause last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death but not related to the disease or condition causing death.		- 4
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20	AUTOPSY!
/ lun		e No D
21. EXTERNAL CAUSE WAS PLACE (Home, farm, factory, street, PRIMARY or CONTRIBUTING OF office blazagetes)	(CITY) OR TOWN) (COUNTY)	(STATE)
CAUSE OF DEATH.   INJURY 3/44	John O our .   Such !	rud
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while	HOW, DID INJURY OCCUBO	- 2
INJURY 2 - S · V 1 /0 G m.   work   at work	Much by Patts I Roas STA	eel CAN
22. I certify that I took charge of the remains described above, held an A	Autonsy Inspection Inquiry of thereon and from	n the evidence
obtained by said Autopsy, Inspection or Inquiry, find that said dece	eased died on the dry stated above, and death in my opin	nion resulted
from: natural causes [] accident N, suicide [], homicide [],	undetermined .	
SIGNATURE (Degree or title)		ATE SIGNED
11/22 aus my Dys. My 2	com - Dundanc. V which	11/11
	CRY OR CREMATORY   LOCATION (City, town, or county)	(State)
REMAYAL (Specify) 3-9-55 Arbutus, Mer		
PARTIE PROGRAMMENT		DDRESS
REG. 3-7-55 QUALITY	Charles R. Law 802 Madison Ave	9.





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TYPE

[1] S

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years 20. AUTOPSY (State) , 1955, to 3/30, 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from 2/21 1955, and that death occurred at 1:30AMom the causes and on the date stated above. alive on 3/ SIGNATURB DATE SIGNED Campbell 1 Lindsey D. C M. DSpring Grove State Hosp 3-3 REMOVAL (SPECIFY) Burial Decatur Alabama Decatur Alabama 24. FUNERAL DIRECTOR DATE PEC'D BY LOCAL REGISTRAR'S SIGNATURE ADDRESS F.C. Hignibothom, Ellicott City, Md

BECEIVED 1 1955

BUREAU V. S.

5.24

	RES	
	MARGIN	

	2. USUAL RESIDENCE (HOME) OF DECEASE	
I. PLACE OF DEATH:  COUNTY Baltimore MARYLAND		
COUNTY BELL LINOI'S MARYLAND CITY (If entside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland COUNTY Balt CITYII outside corporate limits, write RURAL	o. City
52 Town Catonsville (in this place)	or Town Baltimore	m 1
ou ours ville	STREET (If rural give location	3401-4
HOSPITAL OR Spring Grove State Hosp.  HOSPITAL OR Spring Grove State Hosp.  HOSPITAL OR Spring Grove State Hosp.	ADDRESS 116 N. Pearl St.	
3. NAME OF (First) DECEASED: George (Middle) Ra	usch  4. Date (Month) of DEATH:	22 (Yest) 25 195
RACE: WIDOWED DIVORCED	ay 9, 1897 9. AGE last birthday IF UNDER 1	Days Hours Min.
OA USUAL OCCUPATION (Give kind of work done during most of working life even if retired): [aborer nnknown	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	0.00
George G. Rausch		
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Margaret Farrell  17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	George G. Rausch, 2605 E. Mon	ument Street
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH    6 3 x	of right lung	2/2 year
(C)		
(C) II OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING</u> TO THE DEATH BUT NOT RELATED TO THE		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	N	20. AUTOPSY?
(C)  I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  TO THE DEATH BUT NOT RELATED TO THE  DISEASE OR CONDITION CAUSING DEATH.	N	20. AUTOPSY?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory. 21c. WHERE DID (City or town) (Cour INJURY OCCUR?	YES NO
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING. 21B. PLACE (Home, farm, factor Contributing.) Cause of Death OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (Cour INJURY OCCUR?	YES NO
(C)  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21B. PLACE (Home, farm, factor of Injury street, office bidg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21C. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY	ctory. 21c. WHERE DID (City or town) (Cour INJURY OCCUR?	YES NO (State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) OF INJURY  21E INJURY OCCURRED While Not while at work  22. I hereby certify that I attended the deceased from alive on 19, and that death occurred at	tory, 21c. WHERE DID (City or town) (Cound in Juny occur)  21f. How DID INJURY OCCUR?  1/5,39, to 3/22, 1955, that I las 8.A M, from the causes and on the date	yes No (State)  t saw the deceased stated above.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work  22. I hereby certify that I attended the deceased from alive on 19 , and that death occurred at	21c. WHERE DID (City or town) (Coun INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1/5,39, to 3/22, 1955, that I las  8.A M, from the causes and on the date  ADDRESS	YES NO (State)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work at work  22. I hereby certify that I attended the deceased from alive on 19 , and that death occurred at	Country 21c. WHERE DID (City or town) (Country etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1/5,39, to 3/22, 1955, that I las 8.A M, from the causes and on the date ADDRESS DA	t saw the deceased stated above. TE SIGNED
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from alive on 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Country 21c. WHERE DID (City or town) (Country etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1/5,39, to 3/22, 1955, that I las 8.A M, from the causes and on the date ADDRESS DA	t saw the deceased stated above. TE SIGNED
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION:  19B. MAJOR FINDINGS OF OPERATIO  21A. ACCIDENT WAS UNDERLYING OF INJURY Street, office bidg., (If EITHER, NOTIFY MEDICAL EXAMINER)  21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from alive on 19 10 10 10 10 10 10 10 10 10 10 10 10 10	Country 21c. WHERE DID (City or town) (Country etc. INJURY OCCUR?  21f. HOW DID INJURY OCCUR?  1/5,39, to 3/22, 1955, that I las 8.A M, from the causes and on the date ADDRESS DA	t saw the deceased stated above. TE SIGNED

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

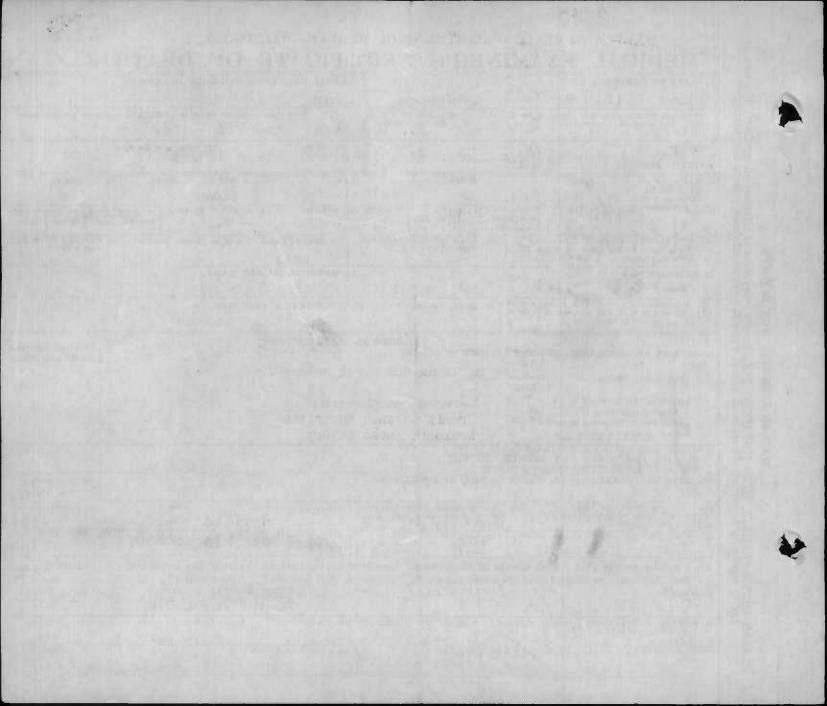
om 78 747 m (2170)	linhabb ame			,	
MEDICAL	EXAMINER'S	CERTIFICATE	OF	DEATH	No. 30

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Baltimore MARYLAND	STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL OR and give negret town le 2 (in this place) 2 (in this place) 2 (in this place) 2	CITY (If outside corporate limits write RURAL and give nearest town) OR Havre de Grace 12-24
HOSPITAL OR INSTITUTION OR Spring Grove State Hospi	taladdress Havre decrace, Maryland
3. NAME OF (First) (Middle)  DECEASED: (Type or Print) Frank Regi	naldi di A. DATE (Month) (Day) (Year) 18 18 19 55
	E OF BIRTH: -25-1888  9. AGE last birthday: IF UNDER I YEAR   IF UNDER 24 HRS.  Montha Days Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Ilreman Industry:	Italy  11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT
I3. FATHER'S NAME: Joseph Reginaldi	14. MOTHER'S MAIDEN NAME: Teresa ?
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, or unk.) (If Yes, give war or dates of service)  16. Social Security No.:	17. INFORMANT & ADDRESS: Hospital records
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	c Nephritis
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes 🖺 No 🗆
21a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING OF Street, office, bldg., etc CAUSE OF DEATH.  21d. TIME (Month) (Day) (Year) (Hour) OF STREET, office, bldg., etc INJURY HOSDICAL While at Not while Work Office.	Catonsville Baltimore Maryland
22. I hereby certify that I took charge of the remains descrifted that death resulted from: Natural causes Accision RE	ibed above, held an Autopsy \(\mathbb{Z}\), Inspection \(\mathbb{D}\), Inquiry \(\mathbb{D}\), and ident \(\mathbb{J}\), Suicide \(\mathbb{D}\), Homicide \(\mathbb{D}\), Undetermined cause \(\mathbb{D}\)  CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 3-18-55
23. BURIAL, CREMATION, PARE THEREOF NAME OF CEMETE 3/3 1/5 5  DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-2/-55	RY OR CREMATORY LOCATION (City, town, or county) (State)  Have De Grace Med  24. FUNERAL DIRECTOR  ADDRESS  Franceson Harle de Grace
	frager has see a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53



### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist.

### MEDICAL EXAMINER'S CERTIFICATE OF DEATH

MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg. Dist.
1. PLACE OF DEATH:    2. USUAL RESIDENCE (HOME) OF DECEASED;	110.23
COUNTY Balto. MARYLAND STATE Ind. COUNTY Balt	5-
CITY (If outside corporate limits, write RURAL OF STAY (If outside corporate limits write RURAL and OR and give nearest town)  TOWN  TOWN	
HOSPITAL OR STREET ADDRESS Gray Stone Rd.  STREET ADDRESS Gray Stone Rd.  STREET ADDRESS Gray Stone Rd.	1
3. NAME OF (First) (Middle) (Last) (4. DATE (Month) (Day DECEASED: (Type or Print) UOSEPH ESTIL REPASS DEATH Mar 26	1955
5. SEX: 6. COLOR OR RACE: WIDOWED, DIVORCED, Org 6, 1911  WIDOWED, Single Rog 6, 1911  Widowed, Specify): Single Rog 6, 1911  Widowed, Specify: Single Rog 6, 1911	
	COUNTRY?
13. FATHER'S NAME: Bailey Repass.  14. MOTHER'S MAIDEN NAME: Maggie Harding	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: 17. INFORMANT & ADDRESS:  (Yes, no, or unk.) (If Yes, give war or dates of service) 223-12-6544 Eliz. Wanking (sister)	WhiteHall.Mo
18. MEDICAL CERTIFICATION  I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  420 Immediate cause  (a) Coronary Artery Disease  DUE TO	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)	
Diseases or conditions, if any, (b)giving rise to the above cause DUE TO	
stating underlying cause last (c)	
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS   21b. PLACE (Home, farm, factory,   21c. (City or town) (County)	Yes No Market
CAUSE OF DEATH.  1 NJURY  21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  While at Not while work at work.	
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [X],	Inquiry M. and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undeter SIGNATURE CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	
M. D. ASSISTANT MEDICAL EXAM.  23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETERY OR CREMATORY   LOCATION & City, town, or, co	
DATE RECD BY LOCAL REGISTRAT'S SIGNATURE SEBUYOF EMPLEYS White Hall Balto.	Co. Md.
REG3/29/5.6° Pereste J. F. Elone Lacol Harlenslein, New Fry	ndom to

MARGIN RESERVED FOR BINDING

VS. A15A - 5 - 53

BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2449

### CERTIFICATE OF DEATH

eg. Dist. No. 37

6550	CERTIFICAL	L OF DEAT	Reg. 1	Dist. No.
1. PLACE OF DEATH:		2. USUAL RESIDEN	CE (HOME) OF DECE	SED:
COUNTY 7.3al semore	MARYLAND	STATE 194	COUNTY	
CITY (If outside corporate limits, write		CITY(If outside co	orporate limits, write RURA	L and give nearest tow
X TOWN Cochespelle	Md. gin this place)	TOWN 79	ltemore	3/01-4
HOSPITAL OR INSTITUTION OR STREET ADDRESS	via Some	STREET ADDRESS	4 H Self	lon)
3. NAME OF (First)	(Middle)	(Last)	4. DATE (Month)	(Vgy) (Year)
DECEASED: (Type or Print)	W. Red	ganay	OF DEATH: Har	7 1950
S. SEX: 6. COLOR ON 7. SING	OWED, DIVORCED,	9 - GOLU	AGE last birthday 15 UNDE Months 7 -	
OA. USUAL OCCUPATION (Give kind of work done during most of working life, yen if retired):	OR INDUSTRY:	II. BIRTHPLACE (SI	tate or foreign country):	12. CITIZEN OF WHAT
13. FATHER'S NAME:	own home	14. MOTHER'S MAI	DEN NAME	
William Welson	n Todd	Tonosa	Tregory	/
(Yes, no, or unk.) (If Yes, give war or dat of service)		M. INFORMANT &	Appress: Corl	essalle.
	18. MEDICAL CERTIFICA	TION	,	INTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECT	LY LEADING TO DEATH			ONSET AND DEAT
422.1	C. T.			
IMMEDIATE CAUSE	(A) USAU	so reles	7710	
ANTECEDENT CAUSE (S)	DUE TO	1 01	1	
DISEASES OR CONDITIONS, IF ANY.	(B) (B)	drac Va	scular	
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.	DUE TO			
	(C)		seares	
II OTHER SIGNIFICANT CONDITIONS TO THE DEATH BUT NOT RELATED				
DISEASE OR CONDITION CAUSING				
	OR FINDINGS OF OPERATIO	N		20. AUTOPSY?
				YES NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE (Home, farm, fa OF INJURY street, office bldg			ounty) (State)
21D. TIME (Month) (Day) (Year) (Hour OF INJURY	While Not while	D   21F, HOW DID IN	JURY OCCUR?	
		2 2 10 4/1 4 34/0	21/2 10 550 17	- 1
22. I hereby certify that I attended		1 95	7, 19 5 6 that I	
alive on 19.5.5° signature rallia 1	and that death occurred a	ADDRESS	causes and on the da	DATE SIGNED
23. BURIAL, CREMATION, DATE THE		TERY OR CREMATORY	LOCATION (City, town	or county) / (State
19/10/	55 M/ Olu	ras Cemeles	4 Dalun	nos
DATE REC'D BY LOCAL REGISTRA	R'S MIGNATURE	24. PUNERAL DI	ECTOR A	ADDRESS

VS. A15 — 10 - 53

MARGIN RESERVED FOR BINDING



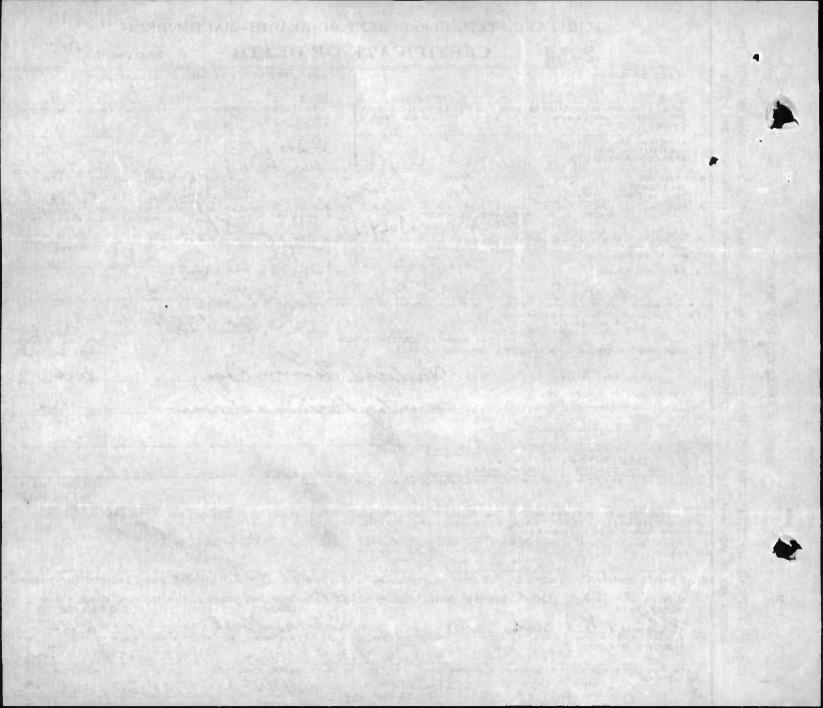
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BUREAU V. S.

DATE REC'D

LOCAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. No. COUNTY CITY(If outside corporate limits, write RURAL and give nearest town) AIONSVILLE (If rural give location) WOOL 4. DATE (Month) (Year) DEATH: N 19.4 0 9. AGE iast birthday IF UNDER I YEAR Months 112. CITIZEN OF COUNTRY? 20. AUTOPSY: (County) (State) DATE SIGNED LOCATION (City, town, or county) (State)



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information-carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

2451

### MARYLAND STATE DEPARTMENT OF HEALTH

### CERTIFICATE OF DEATH FOR MEDICAL EXAMINERS

02433

TOR MEDICAL	Reg. Dist. No	)
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	
COUNTY BALTO CO MARYLAND	STATE / 16 COUNTY	PATO
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
TOWN ATONSUILLE LIFE	TOWN C / Y / INSUILLE	52
HOSPITAL OR INSTITUTION OR 26 4/0 45 0 15	STREET ADDRESS 26 (If rural, give location)	1
STREET ADDRESS 37 10/11/2 1902	ST WADE AVE.	
3. NAME OF DECEASED (First) (Middle) (Type or Print) TAMES /TERWIN R/	(Last) 4. DATE (Month) OF BEATH 3//	(Day) (Year)
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last hirthday if under Months yrs.	Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work dobe during most of working dife, even if petired) INDUCAY 7/R FO	II. BIRTHPLACE (State or foreign country)	COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
DENNIS J. RIOADAN	MNNIE CULLEN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO. (Yes, no or unknown)   (If yes, give war or dates of	17. INFORMANT	
leervice)	-60SEPH GORDAN	
18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	4	ONSET AND DEATE
420.1 Homen	ary Muntoses	
Immediate cause (a)	Manufacture has a second and a second as a second	
Antecedent cause(s)		
Diseases or conditions, if any, (b)		
stating the underlying cause last		
(c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No 🕝
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF Office bldg., etc.) CAUSE OF DEATH.	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF White at Not while INJURY m.   work   at work	HOW DID INJURY OCCUR?	
22 I certify that I took charge of the remains described above held an A	utopsy Inspection I Inquiry Softereon and	from the enidence
<ul> <li>obtained by said Autopsy, Inspection or Inquiry, find that said dece</li> </ul>	ased died on the day stated above, und depth in my	opinion resulted
SIGNATURE (Degree or titie)	ADDRESS WE BOLL C	DATE SIGNED
les ropuesse 1010	Ledson the	4.15.5
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETE	RY OR CREMATORY LOCATION (City, town, or coun	ty) (State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24, FUNERAL DIRECTOR	ADDRESS
REGO IC TO	1110- 11020 , 5-1	

BECEIVED

BUREAU V. S.

### MARYLAND STATE DEPARTMENT OF HEALTH

2452

2411 N. Charles Street, Baltimore

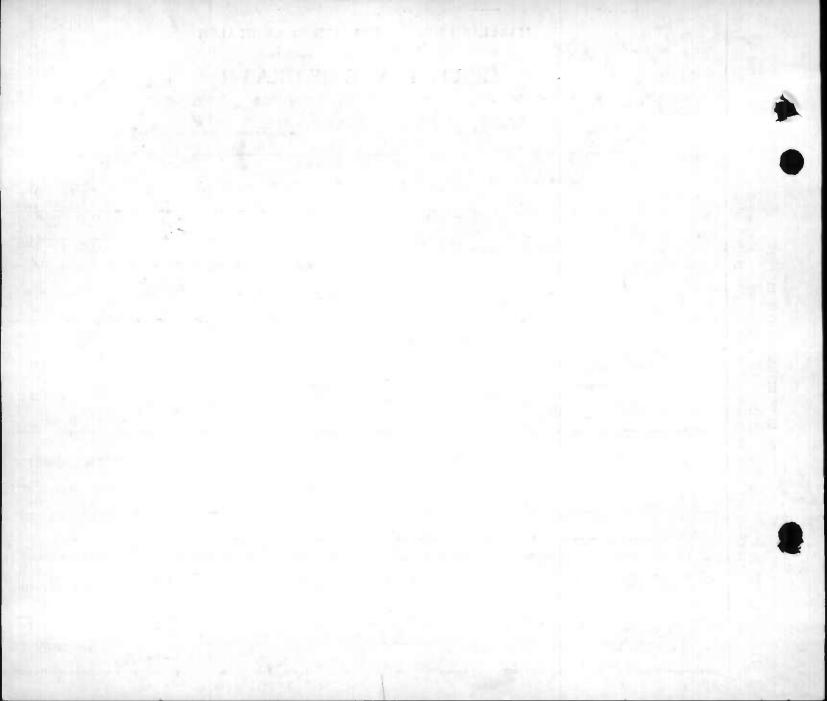
### CEDTIFICATE OF DEATH

			3	0
De	Diet	No		
U.S.	Digi.	41000		

	IFICAI	E OF DEAT	Reg.	Dist. No.
1. PLACE OF DEATH COUNTY	1	2. USUAL RESIDENCE (I		ED·
	RYLAND	siale md		COUNTY
	GTH OF STAY this piace)		te limits, write RUR	AL and give nearest town)
HOCDITAL OD	Home	STREET ADDRESS / 04//	O (If rural give I	ocation)
3. NAME OF Print Post (Midding Type or Print)	e) Rul	E h (Last)	4. DATE (A OF DEATH M A	fonth) (Day) (Year)
5-SEX   6. COLOR OR RACE   7. SINGLE	MARRIED, DIVORCED,	SEPT 30 1867		If under 1 year   If under 24 hr   Months   Days   Hours   Min.
	F BUSINESS OR	11. BIRTHPLACE (State of		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	?	14. MOTHER'S MAIDEN		?
15. Was Deceased Ever In U.S. Armed Forces? (Yes, no, orunknown) (If yes, give war or dates of service)	SECURITY No.	milton Puch	1 3501 Co	olidge Ave
	8. MEDICAL CEI	RTIFICATION		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO	DEATH			INTERVAL BETWEEN ONSET AND DEATH
420. Immediate cause (a) Co RONARY	Ocelusi	ON		10 hours
Antecedent cause(s) Diseases or conditions, if any, (b) GEN. A.	5	*	1	20 yes (3)
giving rise to the above cause stating the underlying cause last (c) A.5. C.	U.D.		1 4	20486(?)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		165	4	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF	OPERATION			20. AUTOPSY?
				Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm OF office bldg., et INJURY	, factory, street, c.)	(CITY OR T	OWN) (	COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCC OF INJURY m. While at Work	OURRED Not While At work	HOW DID INJURY OC	CUR?	
22. I hereby certify that I attended the deceased free alive on Page , and that death SIGNATURE	,			
Maurl E. Bogorad hue	19050	J. BALTIMORE	SI. BALTI	more 23, M).
ROMOVAL (Specify) 3-11-55 40		PARK CEM	GATION (City, tow	n, or county) (State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG.	duil	24 FUNERAL DIRECTO	m. Wa	Litter
	1	PRAH + S.	TRICKER	\$+s

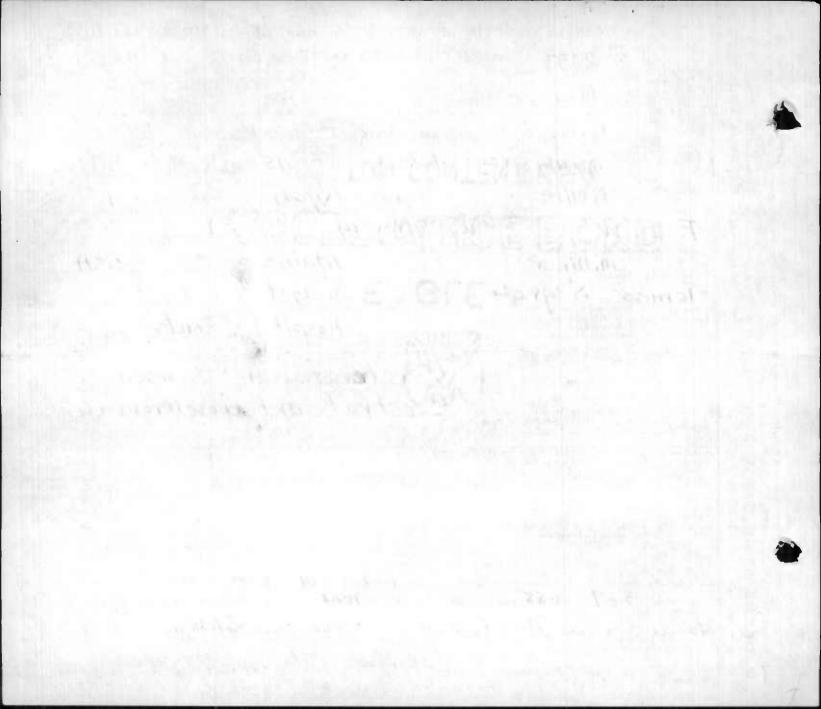
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

correct age



MARYLAND	STATE DEPARTMENT	OF	HEALTH—BALTIMORE,	18	02435
0.4	CHRITICATOR	OT	TOTAL MILE		2

	2453 CERTIFICATE OF DEATH	Reg. Dist.	. No. 50
Z.	1. PLACE OF OEATH: 2. USUAL RESIDENCE (HOME)	OF OECEASE	D:
legibly	COUNTY Baltimore MARYLAND STATE Md. COU	INTY	
d le	CITY (if outside corporate limits, write RURAL LENGTH OF STAY on this place) OR and give nearest town)	write RURAL a	no give nearest town)
and	TOWN / TOWN /S - /	e 7	3 VO1-4-
rly	INSTITUTION OR ADDRESS	al give iocation)	^
lea	14 STREET ADDRESS DYING GYOVE STATE FIRST 4502 Kg	thland	ave. V
th	3. NAME OF (First) (Middle) (Last) 4. DATE OF	(Month) (1	Day) (Year)
death clearly	Type or Print:   Vell'E   DEATH   5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   6. DATE OF BIRTH:   9. AGE last birth		1953
of	F WIDOWED, DIVORCED, NOV. 14 81	yrs. Months D	ays Hours   Min.
causes	work done during most of working life, even if retired):		CITIZEN OF WHAT
the	13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	- ' ' '	311
	James Segrue Bridget		
write	15. WAS DECEASED EVER IN U.S. ARMED FORCEST 18. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS:	1	
	(Yes, no, or unk.) (If Yes, give war or dates of service)  Hospital Yecol	ds	
ans: please	332X Carabarras for #	ombosi's	ONSET AND DEATH
Physicians	DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  OUE TO	lerosis	unk.
		cerosis	
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE OEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
1 1			20. AUTOPSYT
especially	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING CAUSE OF OEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	wn) (Count	y) (State)
is esp	OF INSORT	17	
ge i		5, that I last	saw the deceased
ಪ	alive on 1955, and that death occurred at // 45 M. from the causes and		stated above.
correct	REMOVAL (SPECIFY) 2	City, town, or	Gluply) (State)
	DATE REC'O BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	×112-1	AODRESS



The correct age

# 2454

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

()2436

1. PLACE OF DEATH- COUNTY		2. USUAL RES	IDENCE (HO	ME) OF DE			
Bal Ulmore Maryland		STATE Md. COUNTY Ralto.					
CITY (If outside corporate limits, write RURAL and OR give nearest town) Raspeburg (in	TH OF STAY this place)	CITY (If out	tside corporate	imits, write	RURAL and	rive nearest	town)
X TOWN Raspeburg	cuis piace)	TOWN	Raspe	burg			X
HOSPITAL OR		STREET ADDRESS			give location)		2
STREET ADDRESS #397, King Avenue		ADDITESS	#397,	King Ave	9.		1
3. NAME OF (First) (Middle)		(Last)		4. DATE	(Month)	(Day)	(Year)
(Type or Print) CATHERINE SAHLMAN				OF DEATH	March 1	Oth.	1955
5. SEX   6. COLOR OR RACE   7. SINGLE, MA	RRIED,	S. DATE OF BI	IRTH   9	AGE last birt	hday   If unde	r I veer H	under 24 hre
female white WIDOWED, I	narri ed	July 17.		66	yra. Month	Days H	lours   Min.
10a. USUAL OCCUPATION (Give kind of work   10b. KIND OF		11. BIRTHPLA				12. CITIZEN	OF WHAT
done during most of working life, even if retired) INDUSTRY housewife own home	3	Ral to.	Co. Md			COUNTRY?	IISA
13. FATHER'S NAME		Balto.	MAIDEN I	IAME			00022
John Christ.	ATT THE		Steven				
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SE	CURITY No.	17. INFORMAN	T AND A	DDRESS			
(Yes, no, or unknown) (If yes, give war or dates of none				n. 397 F	Cina Ave	Dal to	6 1111
	MEDICAL CER		TOGULING	119 )/ [ ]	TIII WAG	DELL GO	. U , 1VIU .
Antecedent cause (a	rskler	otie a	achis	-Vaou	dair	e 1 s	yr.
<ol> <li>OTHER SIGNIFICANT CONDITIONS         Conditions contributing to the death but not         related to the disease or condition causing death.</li> </ol>							
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF O	PERATION					20. AU	TOPSY?
						Yes 🗆	No 🗆
21. ACCIDENT (Specify) PLACE (Home, farm, OF office bldg., etc.) INJURY	actory, street,	(0	CITY OR TO	WN)	(COUNT)		ATE)
	RRED t While	HOW DID IN	JURY OCCU	R?			
22. I hereby certify that I attended the deceased from	7	, 19 <b>5.5</b> ., to	March	10 1955.	that I last	saw the d	leceased
alive March 10, 1963, and that death of (Degree	ccurred at	ADDRESS	from the ca	uses and or	n the date s	tated abo	ve. SIGNED
Mixum gludner 1	NU B	allo	6 %	ud		3/11/	55
REMOVAL (Specify)	OF CEMETER	et cry		CATION (City		ntý)	(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE		24 JUNERAL	PIRECTOR	al Long N	Q.	ADDRI	ESS
REG. AM 19	tuch	Karoak	my to	ul Ha	7/10		ir Rd.



THE

. . . DESCRIPTION OF THE PROPERTY OF .DE. J. D. Selle I North Co. Grant Co. Selle C The Tie fall Item

2322

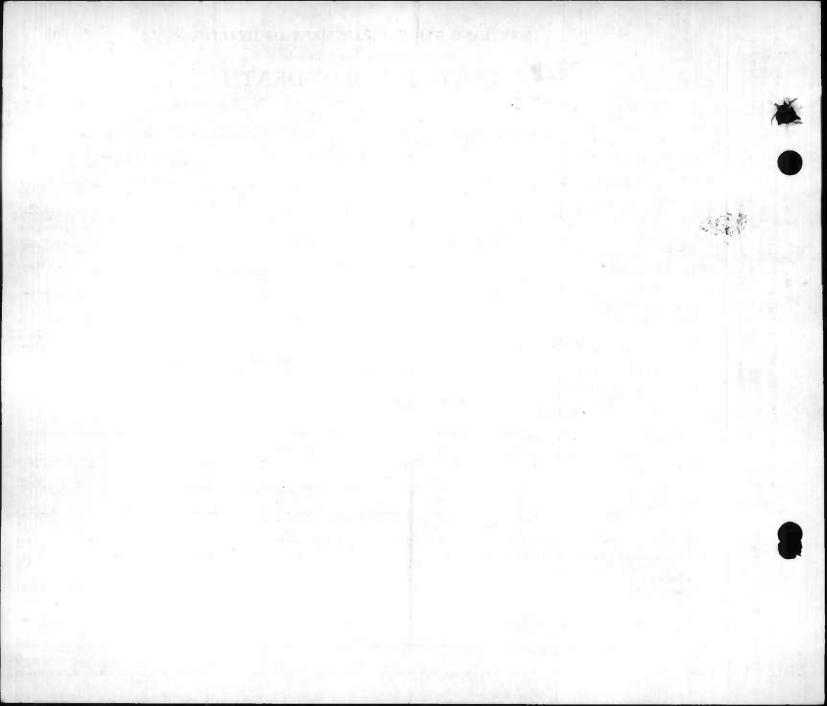
2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No.....

CERTIFICATI	Reg. Dist. No.	<b>)</b>
1. PLACE OF DEATH. COUNTY BOTTLENOL MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- COUNTY COUNTY	r Balto,
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (If ourside corporate limits, write RURAL and give OR TOWN A MASSOUNE	re nearest town)
HOSPITAL OR THE	STREET (If rural give location) ADDRESS 137 Clyde (Value)	1
3. NAME OF (First) (Middle) Secretary (Type or Print)	(Legt) 4. DATE (Month) OF DEATH 3	(Day) (Year) 8 1955
Fernale   6. COLOB OR RACE   7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) August	8. DATE OF BIRTH 9. AGE last hirthday If under Months	Days   If under 24 hrs.   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  10b. Kind of Business or Industry  10c. Kind of Working or Industry  10c. Kind of Business or Industry  10c. Kind of Working or Industry  10c. Kind of Working or Industry  10c. Kind of Business or Industry  10c. Kind of Working or Industry  10c. Kind	Russia	COUNTRY?
13. FATTER'S NAME / Israelson	14. MOTHER'S MAIDEN NAME Freda?	B 04. W
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	Mrs. Mallie Leffers - 2815 He	illdale ane
18. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  [mmediate cause (a) Carcy	ione of Honorh	Interval Between Onset and Death May 6
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		
(c) II. OTHER SIGNIFICANT CONDITIONS		
Conditions contributing to the death hut not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	ma of Stomach	Yes No No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) HOMICIDE INJURY	(CITY OR TOWN) (COUNTY)	
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   While at Not While   INJURY   Mork   At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from		aw the deceased
alive on3 - 8 , 1955, and that death occurred at	ADDRESS	DATE SIGNED
Ir. Highstein In D.		-9-5-
	munale Baltonne 7	nd.
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24 FUNEBAL DIRECTOR ONC -1/24-2-	ADDRESS 6 W. North
		aneure

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING



### MARYLAND STATE DEPARTMENT OF HEALTH

2323

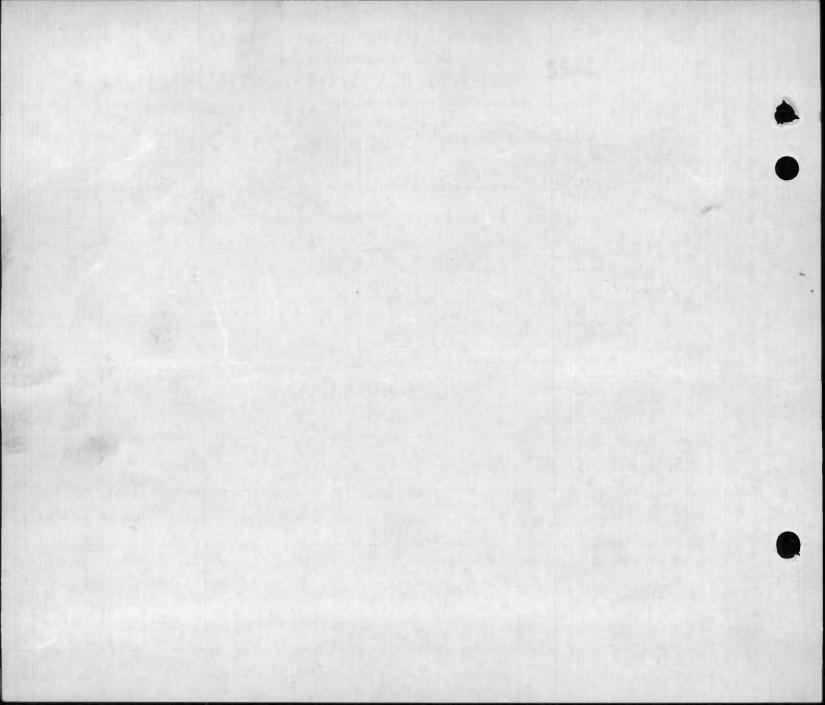
### 2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

02438

I. PLACE OF DEATH- COUNTY	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	1
adelinore Maryland	Mill.	60
CITY (If outside corporate limits, write RURAL and Constitution of the place)  OR give nearest town)  TOWN  LENGTH OF STAY (in this place)  (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town OR TOWN	51
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4301 Alan Drive	STREET (If rural rive location) ADDRESS 430/ an Drive	1
3. NAME OF DECRASED (First) Widdle) Schol	1. DATE (Month) (Day) the	(Year)
6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED DIVORCED, (Specify) Married	8. DATE OF BIRTH 9. AGE last birthday If under I year If under I year If under I year Hour	19.05 der 24 hrs. rs   Mln.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  ADUSTIC	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF COUNTRY)	F WHAT
13. FATHER'S NAME Schaefer	M ary Wich low	74
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   IV. SOCIAL SECURITY NO.		
(Yes, no, or unknown) (If yes, give war or dates of service)	hurs fina M. Schaefer alon &	Drive.
I8. MEDICAL CE		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL I	
Immediate cause (a) Chronic Myorare	litis and mystardish 2 ye	ars
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		- Company States a suppose
(c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20, AUTO	PSY?
	V. D	No ED
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)  NJURY	(CITY OR TOWN) (COUNTY) (STAT	No B
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. INJURY	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 8.	, 19.5.3, to Maul 13, 19.5.5, that I last saw the dec	ceased
alive on Manh. 8, 195.5, and that death occurred at SIGNATURE: (Degree or title)	45.	
Meleju n. Borden M. D. 500	o old Frederick Road Bult 29 3/14	1/55
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMETER REMOVAL (Specify) 3/16/53 Oak L	10001-1	State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3/4/55	Folia & Cowan Lon Sall	8.11
a supplied the supplied to the	A House Hyprice	763
74		



# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

2455 CERTIFICATI	E OF DEATH Reg. Dist.	No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltin	more
CITY (If outside corporate limits, write RURAL or and give nearest town) Parkville	TOWN Parkville	×
HOSPITAL OR INSTITUTION OR 1604 Orlando Road	STREET (If rural give location) ADDRESS 1604 Orlando Avenue	#14 /
DECEASED.	(Last) 4. DATE (Month) (Day OF DEATH: March 2	, , , , , , , , , , , , , , , , , , , ,
5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   WIDOWED, DIVORCED.	9. AGE last birthday IF UNDER 1 YEA  1. 1886 68 yrs. Months Day	
IOA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):at home		TIZEN OF WHADUNTRY?
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
? Lezers	?	
S. WAR DECEASED EVER IN U.S. ARMED FORCEST   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. John H. Neal Hyde Marylan	d
18. MEDICAL CERTIFICAT	TION	NTERVAL BETWEE
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	.0 0	NSET AND DEAT
4-80,1	in thrombosis.	Sudden secil
IMMEDIATE CAUSE (A) DUE TO		
ANTECEDENT CAUSE (S)	you are no statement in the statement to	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	N	20. AUTOPSY?
None		YES NO
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE DID (City or town) (County), etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	D 21F. HOW DID INJURY OCCUR?	
OF INJURY  M. While Not while at work		
M. at work at work	, 1954, to 22 hard 1955, that I last s	aw the decease
22. I hereby certify that I attended the deceased from sept.  alive on 15, and that death occurred at	8:30 A. M, from the causes and on the date sta	ated above.
22. I hereby certify that I attended the deceased from sept.  alive on 15, 1955, and that death occurred at SIGNATURE	8:30 A. M., from the causes and on the date standards	
22. I hereby certify that I attended the deceased from signature  alive on 15, 1955, and that death occurred at SIGNATURE  M  23. BURIAL. CREMATION, DATE THEREOF NAME OF CEMETICAL (SPECIFY)	ADDRESS A. M., from the causes and on the date st.  ADDRESS A. D. 7425 Harford 222  ERY OR CREMATORY LOCATION (City, town, or company)	ated above. SIGNED Ounty) (State
22. I hereby certify that I attended the deceased from stept alive on 15, 1955, and that death occurred at SIGNATURE  M. at work    At work   At work   At work   At work   At work   At work   At w	ADDRESS A.D. 7425 Harford 22  ERY OR CREMATORY LOCATION (City, town, or commer Cemetery Baltimore, Mar	ated above. SIGNED Ounty) (State

A15. VS. PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

Dr. Molz 7425 Harford Road

Please Call HA 6 1460 when ready.
M.R.G.

The correct age

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

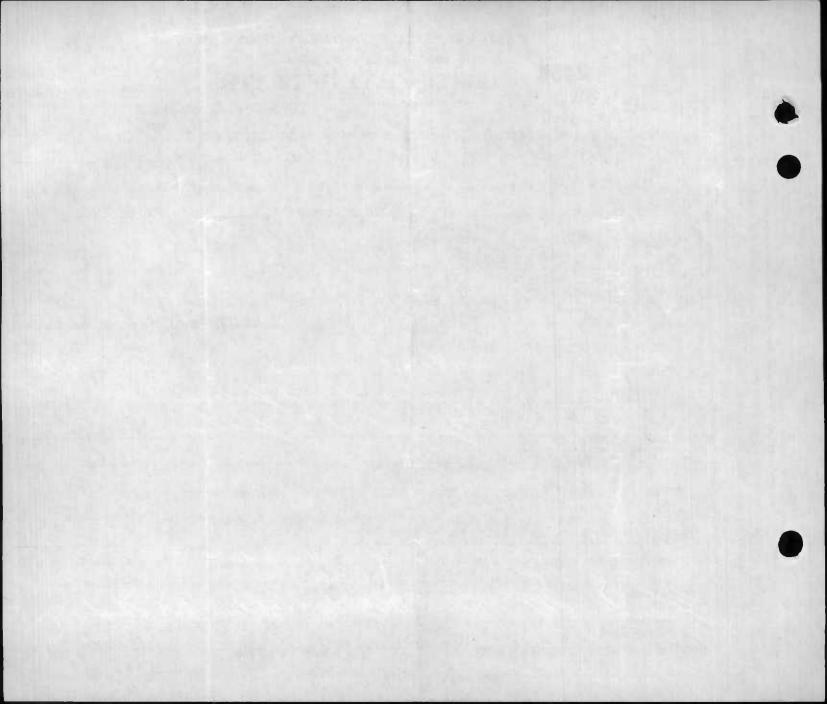
2456

### CERTIFICATE OF DEATH

02440

Reg. Dist. No.

1. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED	
19a/fo MARYLAND	STATE MA Ba (+ COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest tame)	CITY (If outside corporate limits, write RURAL and giv	e nearest town)
The state of the s	TOWN fuller ton und	X
A INSTITUTION OR 1	STREET (If rural, give location)	1
O STREET ADDRESS JOBBA 194	Joppa Rd	
3. NAME OF (Middle)	(Last) / 4. DATE (Month)	(Day) (Year)
(Type or Print) ( A T A / I N ) C	DINATTZ DEATH MATCH	27 1955
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AGE last birthday If under	year   If under 24 hrs. Days   Hours   Min.
10n. USUAL OCCUPATION (Give kind of work 10b. Kind of Business or	Jan 11-18/61 / ym. 1	
done during most of working life, even if retired) INDUSTRY	13	CITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	le Sa
)./ D: 4=	V 11 -1	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS & A	
(Yes, no, or unknown) (If yes, give war or dates of service)	Mrs Wy Schwartz Joppa	D /
18. MEDICAL CEI	RTIFICATION	Rd.
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	, ,	INTERVAL BETWEEN
110-1		ONSET AND DEATE
Immediate cause (a) Coulcal	anopra	6 km.
Antecedent cause(s)	heart failure	11
Diseases or conditions, if any, (b)	rear failure	Tuhs
giving rise to the above cause stating the underlying cause last	· 1 · 1 +	
(c) Myscardy	at infarction	6 who
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
- CONDEST		Yes No
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bidg., etc.)	(CITY OR TOWN) (COUNTY)	(STATE)
HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	L WOW BID INVIDIT OCCUPA	
OF While at Not While	HOW DID INJURY OCCUR?	
INJURY m.   Work   At work		
22. I hereby certify that I attended the deceased from 7 d	1 19 55 to March 27 1955 that I last as	w the deceased
7-4 .		
alive on 2 5, 1955, and that death occurred at 1	m., from the causes and on the date sta	ted above.
Statut In 18		DATE SIGNED
parte // on 1112	- 68 6 1 Bolan Pol Marc	128,55
	RY OR CREMATORY   LOCATION (City, town, or county	(State)
Burial John St Micha		to ud
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
3-29 53 /W Hazel	Lassalm Funeral Home 7401.	Balain Pd



Reg. Dist. No. 33 USUAL RESIDENCE (HOME) OF DECEASED: I. PLACE OF DEATH: Baltimore COUNTY Harford STATE Maryland COUNTY MARYLAND (If outside corporate limits, write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY CITY and give nearest town)

Owings Mills OR (in this place) TOWN TOWN Aberdeen HOSPITAL OR INSTITUTION OR STREET ADDRESS STREET ADDRESS 207 Ryland Drive Rosewood State Tr. School 3. NAME OF (Month) (Year) (Middle) (Last) (First) DECEASED: Scott, Jr. Albert Ray (Type or Print) DEATH 6. COLOR OR 7. SINGLE. MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: IF UNDER I YEAR | IF UNDER 24 HRS. RACE: WIDOWED, DIVORCED, Months Days (Specify): single male 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF 10a. USUAL OCCUPATION. Give kind of 10b. KIND OF BUSINESS OR COUNTRY? work done during most of working life. INDUSTRY: even if retired): Pennsylvania 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME: Albert Ray Scott, Sr. Geraldine Simen 15 WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY No.: | 17. INFORMANT & ADDRESS: (Yes, no, or unk.) | (If Yes, give war or dates of Rosewood Records, Owings Mills, Md. service) MEDICAL CERTIFICATION Interval Between I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Onset And Death Paralytic Ileus and Peritonitis a few days Immediate cause (a) DUE TO Antecedent causes (s) Intussusception of Ileum a few days Diseases or conditions, if any, (b) giving rise to the above cause DUE TO stating the underlying cause last. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not Congenital malformation of brain since birth related to the disease or condition causing death. 20. AUTOPSY ? 19a. DATE OF OPERATION: 1 19b. MAJOR FINDINGS OF OPERATION Yes No (STATE) (CITY OR TOWN) (COUNTY) ACCIDENT (Specify) PLACE (Home, farm, factory, street, office bldg., etc.) INJURY HOMICIDE INJURY OCCURED HOW DID INJURY OCCUR? (Ilour) INJURY At Work 3/8/ 19.55, that I last saw the deceased .19 52, to 22. I hereby certify that I attended the deceased from 11:20 a.m. from the causes and on the date stated above. 19. 55, and that death occurred at SIGNATURE (Degree or title) Jahres Chouge. BURIAL, CHEMATION. DATE THEREOF NAME OF REMOVAL (Specify) 12-5 DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE FUNERAL DIRECTOR

EA

BUREAU V.

2561 91 8AN

OBAISOS M

ADDRESS

Jour

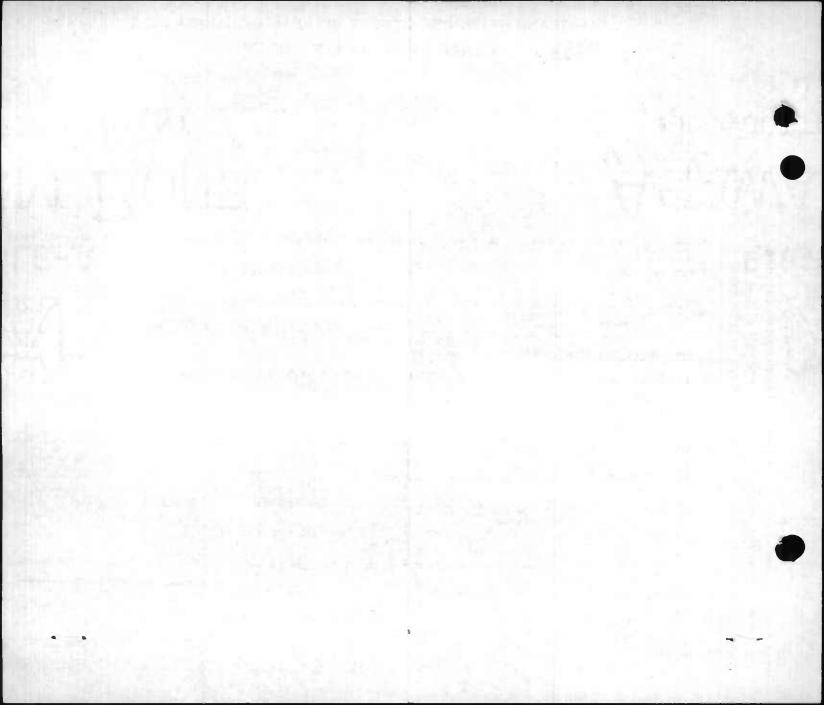
6067

PLEA:

DATE REC'D BY LOCAL

REGISTRAR

REGISTRAR'S SIGNATURE



PLEASE

### 02443 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE

24	159	CERTIE	FICATI	OF DEAT		R		st. No		******
1. PLACE OF DEATH: COUNTY Baltim		MARYL	AND	2. USUAL RESIDE		Bal	ased:	ore		
CITY (If outside corporate ling OR and give nearest town)	stown	RURAL   LENGTH	OF STAY	CITY (If outside		s, write R	URAL s	and give	nearest	town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	6 Libe	erty Rd.		STREET ADDRESS 8	306 Lib	rural, giv erty				1
	E. Shu			(Last)	4. DATE OF DEATH:	(Month	8,19	955	(Year)	
female white	WIDO (Specia	E, MARRIED, WED, DIVORCED, Ty MELL TO TO	8. DATE	OF BIRTH: 1900	9. AGE last h	oirthday:	IF UNDER		Hours	
10a. USUAL OCCUPATION (Giver work done during most of we even if retired): 10 USUW	ve kind of prking life,	10b. KIND OF BU INDUSTRY: HOME	SINESS OF	Maryland	(State or fore		ry):		CIZEN O	
Otho J. Sha				14. MOTHER'S MAI	Cline					
15. WAS DECEASED EVER IN U.S. AR. (Yes, no, or unk.) (If Yes, give was service)	or dates of	16. Social Security		r. Bast Bo		, Md.				
I. DISEASES OR CONDITIONS I 260 X Immediate cause Antecedent cause(s)	(a) DUE TO	EADING TO DEAT		ERTIFICATION  Vale Co	aidin	(	••••••		CAS	
Diseases or conditions, if any, giving rise to the above cause stnting underlying cause last	(b) DUE TO (c)	Deche	tex	Hert.	Ami	v .	*********		************	100000488000000
II. OTHER SIGNIFICANT COND Conditions contributing to the related to the disease or condition	leath but no	death.					Wa.,			
19a. DATE OF OPERATION: 19	b. MAJOR	FINDINGS OF OPE	RATION:					20.	AUTOP	SY?
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLAC OF INJU	CE (Home, farm, fac office bldg., etc.) RY	tory, street,	(CITY OR TOW	VN)	(COUNT	TY)	(STAT	Yes []	No 🗌
TIME (Month) (Day) (Year OF INJURY	(Hour)	While nt Not will work at wo	hile ork [	HOW DID INJURY						
23. BURIAL, CREMATION DATE REMOVAL ASPTITUS:  DATE REC'D BY LOCAL REC	to thereo	that death occu	or TITLE	Am., from	LOCATION BOONS	and on	the da	county)	ed abov	ve. GNED 55
REG. 37/2-36	Sug 1-	C, Jans	ull	Bast Funera	al Home	Boor	sbor		Md.	

DECEDAED

SABI TOT NVI

BUREAU V. S.

MARGIN RESERVED FOR BINDING

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18) 9 1/1/1

	2460	CERTIFICATI	E OF DEAT		0ist. No. 30
oly.	1. PLACE OF DEATH:		2. USUAL RESIDEN	NCE (HOME) OF DECEA	SED:
and legibly.	COUNTY Baltimore  CITY (If outside corporate limits, write F OR and give nearest town)  62 TOWN  Catonsville	MARYLAND RURAL LENGTH OF STAY (in this place) 11mo 11da	OR CITY(If outside co	and county Any	Arundel L and give nearest town)
early a	HOSPITAL OR INSTITUTION OR INSTITUTION OR INSTREET ADDRESS Spring Grov		STREET	(If rural give locati	
death clearly	3. NAME OF (First) DECEASED: (Type or Print) James	(Middle) Smally		4. DATE (Month) OF DEATHMARCH	(Day) (Year)
	Male   White   (Specify)	Widowed July	19th, 1881	73 yrs Months	Days Hours Min.
causes of	OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter	S KIND OF BUSINESS OR INDUSTRY:	Maryla		12. CITIZEN OF WHAT COUNTRY?
write the	URubin Smallwood		Unkown	n	
	(Yes, no, or unk.) (If Yes, give war or dates of service)	Unknown		ADDRESS: ring Grove St	
ns: please	I DISEASES OR CONDITIONS DIRECTLY 450.0 IMMEDIATE CAUSE	(A) Congesti	ive heart fa	ilure	INTERVAL SETWEEN ONSET AND DEATH
Physicians:	ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY,	DUE TO	zed arterio:	sclerosis	Years
important.	II OTHER SIGNIFICANT CONDITIONS CO TO THE DEATH BUT NOT RELATED TO DISEASE OR CONDITION CAUSING D	ontributing THE Chronic bra	in syndrome	assoc. w/ se	Years nile brain
-	19a. DATE OF OPERATION: 19B. MAJOR	FINDINGS OF OPERATIO	N		20. AUTOPSYT
especially	OR CONTRIBUTING CAUSE OF DEATH OF	B. PLACE (Home, farm, fac f INJURY street, office bldg.	, etc. INJURY OCCUR	7	County) (State)
is es	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	While Not while at work at work			
orrect age	3. Wadesler	d that death occurred at	3:25M from the		ate stated above.
33				timore , Md.	ADDRESS
	REGISTRAR	2/	T D	1500	Sutaw Pr

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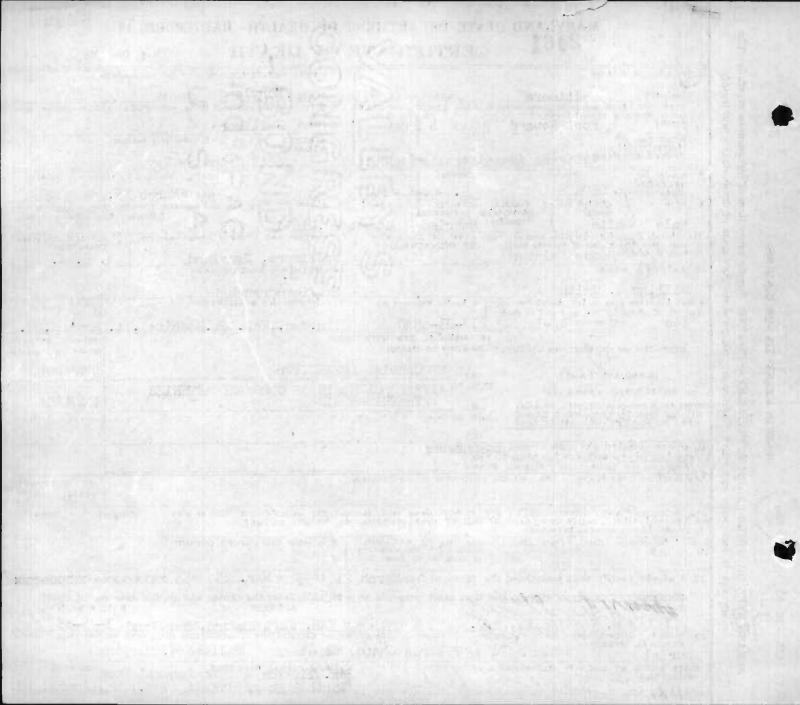
### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF DEATH:	2.	. USUAL RES	IDENCE (HO	ME) OF D	ECEASED:	1	
COUNTY Baltimore MAR	YLAND	STATE Ma	ryland	COUNTY			
CITY (If outside corporate limits, write RURAL) LEN	NGTH OF STAY	CITY(If outs	ide corporate li		RURAL and	give neare	est town)
	in this place)	OR	ltimore			21/2	, ,,
HOSPITAL OR		STREET		rural give	location)	VYCI	- 64-
O STREET ADDRESSeterans Administrati	on Hospital	ADDRESS	18 Shine	i ann Wan			1
. NAME OF (First) (Middle)	(Last	it)	18 Shipy	TE (Month		y) (Ye	097)
(Type or Print) GEORGE Richa	ards SMITH		OF	атн Marc	, , , , , ,	19	
. SEX:   6. COLOR OR   7. SINGLE, MARRIED,	8. DATE OF	BIRTH:	9. AGE last	birthday IF	UNDER I YEA	R IF UNDER	
Male White Specify: Marrie		20. 1891	63	yrs. M	onths Day	Hours	Min.
DA. USUAL OCCUPATION (Give kind of 10B. KIND OF	BUSINESS   11.	. BIRTHPLAC	E (State or for	eign countr	y):  12. CI	TIZEN OF	WHAT
even if retired) House Painter		Baltimore	. Marrola	nd		S. A.	
3. FATHER'S NAME:	14	4. MOTHER'S	MAIDEN NA	AE:	1 0.	D. H.	
William S. Smith	N	Wellie/Go	neuch				
WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL	SECURITY No. 17	7. INFORMAN	T & ADDRES	3:			
Yes, no, or unk.) (If Yes, give war or dates Yes of service) WW_T 219-03-	6830 (7)	lin Don	T7-4 1-2- T	T	7 701 1		
18. MEDICA	L CERTIFICATION	Lin.Rec.,	AG no Hall of	ospica		NTERVAL E	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO	O DEATH					NSET AND	
420./	OCARDIAL INF	FARCTION			1	UNKNOW	AT
THINEDIATE CAUSE	TERIOSCLEROS		DOMADY AT	OTT CITT		014110111	
DISEASES OR CONDITIONS, IF ANY. (B)	ITH THROMBOS	SIS OF CO	ILONAILI AI	TEUTES		UNK NOW1	V
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		tr.			-		
(C)					9.00		
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTIN TO THE DEATH BUT NOT RELATED TO THE	G			1			
DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS	OF OPERATION					20. AUT	OPSY?
						YES X	NO 🗌
PIA. ACCIDENT WAS UNDERLYING 21B. PLACE (IN CONTRIBUTING CAUSE OF DEATH OF INJURY ST	Home, farm, factory.	21c. WHERI	E DID (City o	r town)	(County)	(St	tate)
IF EITHER, NOTIFY MEDICAL EXAMINER)							
F INJURY While	Not while	21F. HOW DI	D INJURY OC	CUR?			
VA M.   at work L	at work						
22. I hereby certify that kattended the deceased							
attroppossossossossossossand that death	h occurred at 5:1	45AM, from	the causes	and on th			e.
SIGNATURE HOURS SUNDEN		ADDR				SIGNED	
WILLIAM B. VANDEGRIFT, M.D.	M. D. T	VAH, For	t Howard	Maryl	and 3-	25-55	(State)
REMOVAL (SPECIFY)	rds Chapel C				Marylan		(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATUR							
REGISTRAR	/ VVII	Tickne	r & Sons				
The state of the s							200

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MARGIN RESERVED FOR BINDING

VS. A15-10-53



18 March :55

	I	MARGIN RESERVED FOR BINDING	RESERVE	) FOR	BIND	ING	/		T,
PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied correct age is especially important. Physicians: please write the causes of death clearly and legibly.	ortant.	UNFADING Physicians:	INK, Evo	ery item	of inf uses of	ormation shi death clear	ould be	carefully egibly.	supplie

The

WIOD CERTIFICATI	L OF DEATH	*
1. PLACE OF DEATH:	2. USUAL RESIDENCE OF DECEASED:	
(a) Baltimore City, Maryland	(a) State Mx (b) Coupty Balto.	***************************************
(b) Street address (much (c) Hospital or institution:	(c) City or town Smith a. , Ballo.	9, molx
X X Md.	(If outside city or town limits, write RURAL	and give town)
, 00	(d) Street No. Smith av.	••••••
(d) Length of stay in hospital or inst. (yrs., mos., or days)	(e) Citizen of foreign country? (If rural give location)	(Yes or No)
(e) Length of stay in Baltimore (yrs., pres., or pres., or pres.,	If yes, name country	
3 (a) FULL NAME Mitchell Benjan	nin Smith	
3 (b) If veteran, name war 3 (c) Social Security Account	MEDICAL CERTIFICATION	
No.255-01-0621	20. DATE OF DEATH 18 March 1955	at // A M
4. Sex 5. Color or race 6 (a) Single, married, widowed, or divorced.	21. I certify that death occurred on the date above stated	that lattend-
	ed deceased from 18 March 1955, to 18 Ma	
6 (b) Name of husband or wife Margaret Christine	and that I last saw himalive on 18 March 19	50
6 (c) If alive, give age 37 years	Immediate cause of death	Duration
7. Birth date of deceased (mo., day, yr.) 3044 / 4, 1889	Coronary Mombosis	1 day
8. AGE: Years Months Days If less than one day		
65 8 4 hr. min.	Due to	18 TT an punch dip an vigit g a g Tg
9. Birthplace Aultion County, Jenn. (Town, county, and state)	Due to	
10. Usual Occupation	***************************************	
II. Industry or business	Other Conditions	
12. Name 7 (eNR) SMI/h	(Include pregnancy within 3 months of death)	PHYSICIAN
13. Birthplace	Date of operation	Underline the
14. Maiden Name		cause to which death should be charged statis-
15. Birthplace		tically.
16 (a) Informant Wife	22. If death was due to external causes, fill in the follo	owing:
(b) Address	(a) Accident, suicide, or homicide	508/00080····87····
17 (a) SUNIA (b) Date thereof 3 2/55 (month) (day) (year)	(b) Date of occurrence	M
	(c) Where did injury occur? (City or town) (County	) (State)
(c) Cemetery or crematory 11 01/V2	(d) Did injury occur about home, on farm, industrial pl	ace, in public
Location AANDAIIS TOWN Md	place?While at work?	.0.*
18 (a) Funeral director FRANK // Newell	(e) Means of injury	74 3 5 6
(b) Address P/(esville	23. Signature Charles H. Williams	mil
19 (a) MARCH 18,7(1) (b) Scarottya Newell (Date rec'd by registrar) Registrar	Address Pikesville 8, md. Date signe	м. D.

### INSTRUCTIONS FOR MEDICAL CERTIFICATION

### WHAT IS A "CAUSE OF DEATH"?

For the death certificate, a cause-of-death statement should involve only those disease entities which have contributed to the death. Symptoms or findings are not wanted except as they are needed in determining the underlying cause of death.

### DEFINITION OF IMMEDIATE CAUSE OF DEATH:

The last of a series of disease entities which contribute to a death will be known as the immediate cause of death. When there is only one disease entity present, this becomes the immediate cause of death.

### DEFINITION OF UNDERLYING CAUSE OF DEATH:

The discase entity which initiates the series of disease entities resulting in death will be known as the underlying cause of death. When there is only one disease entity present, the underlying cause of death and the immediate cause of death are considered to be identical. The underlying cause of death should be written in the space following the words due to and should be stated in reverse order of occurrence from the immediate cause of death.

If there is more than one cause contributing to the death, the physician is expected to underline that particular ONE cause to which, in his opinion, the death should be charged for purpose of statistical tabulation.

#### DEFINITION OF OTHER CONDITIONS:

Other conditions, existing coincidentally, which might have contributed to the risk of dying, but are not related to any clear-cut manner to the immediate or underlying cause of death, should be given under this item. Pregnancy within 3 menths of death should be included because so many times causes of maternal death are missed unless this information is noted.

. If operation or autopsy findings exist, the physician is requested to list the major conditions which have weight in deciding the underlying cause to which the death should be charged statistically.

For additional discussion of this subject see PHYSI-CIANS' HAND-BOOK ON BIRTH AND DEATH REGISTRATION issued by the U.S. Bureau of the Census. A copy of this booklet may be secured from the Baltimore City Health Department.





PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

The

VS.

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2447 2463 CERTIFICATE OF DEATH Reg. Diet. No. 3

159	V	Reg. Dist.	140.
ly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	
legibly	COUNTY Salts. MARYLAND	STATE MA COUNTY LA	of the same
leg	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL an	d give nearest town)
and	OR and give nearest town (in this place)	OR TOWN 7411	
	HOSPITAL OR	- vyac	X
rly	: INSTITUTION OR Q	ADDRESS (If rural give location)	1
clearly	10 STREET ADDRESS Detouted.	Sollow pla	
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	(Year)
eath	(Type or Print) Squel Gugens S	MILA DEATH: May 2	8-180TT
0	5. SEX:   6. COLOR OR   7. SINGLE, MARTIED.   8. DATE   WIDOWED, DIVORCED.	The state of the s	
of	(Specify):	29-1887 68 yrs. Months Da	ys Hours Min.
causes	10A. USUAL OCCUPATION (Give kind of 108. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country):  12. C	ITIZEN OF WHAT
an	work done during most of working life.  OR INDUSTRY:  even if fetired:  distribution	Floris C. O -: 100	OUNTRY?
	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
the	On 200 8 1-01-1	8 1 4 1 1 10	
write	15. WAR DECEASED EVER IN U.S. ARMED FORCES!   18. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	2
WI	(Yes, no, or unk.) (If Yes, give war or dates	h	01
	NO of service)	Cusself Tarrio - Satton	Ch.
please	18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
р	I DISEASES OR CONDITIONS DIRECTLY LEADING TO TEATH		ONSET AND DEATH
ε/2	163 X IMMEDIATE CAUSE (A)	mm48/UNIV	-/ Mass
ian	ANTECEDENT CAUSE (S)	6/	1
Physicians	DISEASES OR CONDITIONS, IF ANY, (B)	no /	0
hy	GIVING RISE TO THE ABOVE CAUSE DUE TO		
	STATING UNDERLYING CAUSE LAST. (C)		
important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
rts	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
upc	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		
E.			20. AUTOPSY?
lly	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact		
especially	OR CONTRIBUTING CAUSE OF DEATH  OF INJURY street, office bldg.,  (IF EITHER, NOTIFY MEDICAL EXAMINER)		) (State)
esi	21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while	21F. HOW DID INJURY OCCUR?	
1S	M. at work at work		
	22. Thereby certify that I attended the deceased from	, 195 , tomar 25, 190, that I last :	saw the deceased
age	1 10 10 10 10 10 10 10 10 10 10 10 10 10	7 9	
ct	alive on 190, and that death occurred at		ated above.
correct	Abelle Minimutt	o. Silanon Man L	8-5-5-
00	23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
	TREMOVAL (SPECIFY) 4-1-55 Clean to H	pe Buptish Bond Co.	Gerris.
-	DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	REGISTRAR	mm Corre And 1217 S	1 Paul off
		12/	

THE REPORT OF THE PARTY OF THE 

MARGIN

	information carefully.
OR BINDING	y every item of the causes of deat
MARGIN RESERVED FOR BINDING	FADING INK. Supply hysicians: please write t
	PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.
	PLEASE WRITE

The correct age

2464

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

02448

OEKTIFION	Reg. Dist. N	0
1. PLACE OF DEATH Brackense MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNT	Balhim
CITY (If outside corporate limits, write RURAL and CENGTH OF STAY (in this place)  OR TOWN  CITY (If outside corporate limits, write RURAL and LENGTH OF STAY (in this place)	CITY (II outside corporate limits, write RURAL and gi OR TOWN 6602 Mt. Vernon an	ve nearest town) - Balto X
HOSPITAL OR INSTITUTION OR 6602 Mt. Vernon av.	STREET ADDRESS 6602 MM. Vernor av.	1
3. NAME OF (First) (Middle) DECEASED (Type or Print) To An	Snead 1. DATE (Month) OF DEATH Franck	(Day) (Year) 3 19 53
6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	(Mayure 27, 10 19) 0 / VIII.	r 1 year   If under 24 hrs B Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Lindustry  Lindustry	Middlesex Co, Virginia	2. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John Thomas Suead	14. MOTHER'S MAIDEN NAME	
15. Was/Decased Ever In U.S. Armed Forces? [16. Social Security No. (Yes, no, or unknown) (If yes, give war or dates of learvice)	17. INFORMANT	
18. MEDICAL C	CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Cerebral	Thrombosis	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s) Diseases or conditions, if any, (b)		?
giving rise to the shove cause stating the underlying cause last (c) Denerallyed	arterioselessis	o"
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Aneurages	m, absormine anta	
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes No
21. ACCIDENT (Specify) SUICIDE HOMICIDE SUICIDE SUICIDE HOMICIDE  PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN) (COUNTY	) (STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work At work	HOW DID INJURY OCCUR?	
	27, 1954, to 3 March, 1955, that I last s	
alive on / Mark , 1957 , and that death occurred at SIGNATURE (Degree or title)	3:30 Am, from the causes and on the date st ADDRESS  La MD. Pikewilk 8, Md.	DATE SIGNED
23. BURIAL, CREMATION DATE THEREOF NAME OF CEMET REMOVAL (Specify)	PERY OR CREMATORY LOCATION (City, town, or countries Wordlaws	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. March 3, 1955 Alow thy a. Newell	24 FUNERAL DIRECTOR	LSOCOL hid

BUREAU V. S.

2261 7 9AM

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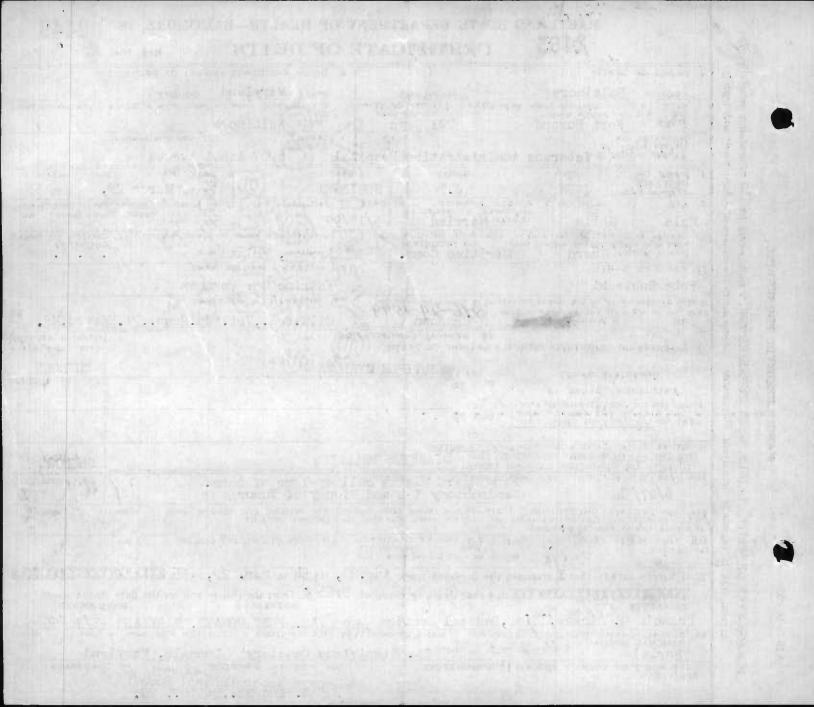
PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2465

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASE	
211		Q.M.
COUNTY Baltimore MARYLAND  CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	STATE Maryland COUNTY CITY(If outside corporate fimits, write RURAL a	1-16266
OR and give nearest town)  X TOWN Fort Howard (in this place)  221 Days	or Town Baltimore 27	51
HOSPITAL OR SOSTREET ADDRESS Veterans Administration Hospi	STREET (If rurai give location) ADDRESS Athol Avenue	1
		Day) (Year)
DECEASED: (Type or Print) JOHN J. SOB	IESKI OF DEATH: March 29	, 19 55
Male White Specify: Married 5/1	.8/99   55 yrs.	ays Hours Min.
10A. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:  even if retired): Guard Maritime Comm.	II. BIRTHPLACE (State or foreign country):  12.   Krahow, Poland   U	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
Pete Sobieski	Katrine MN: Unknown	
15. WAR DECEASED EVER IN U.S. ARMED FORCEST U. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) WW-I 20d Unknown	Clin.Rec., Vet.Adm. Hosp., Ft. H	loward, Md.
18. MEDICAL CERTIFICAT I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	rion	INTERVAL BETWEEN
203X MILTER WY	THE OWN	TINTUNTOWN
IMMEDIATE CAUSE (A) MULITIE MI	ELUMA	UNKNOWN
ANTECEDENT CAUSE (S)		
DISEASES OR CONDITIONS, IF ANY. (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		
(260 X) (c)		
TO THE DEATH BUT NOT RELATED TO THE DIABETES MET DISEASE OR CONDITION CAUSING DEATH.	LLITUS	UNKNOWN
19A. DATE OF OPERATION: 19B. MANOR EINDINGS PLOSERATION	Ml myeloma of bone.	20. AUTOPSY?
8/27/54 Laminectomy T-4 and	Biopsy of Tumor	YES NO
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fac OR CONTRIBUTING   CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	etory. 21c. WHERE DID (City or town) (Country, etc. INJURY OCCUR?	ty) (State)
OF INJURY (Day) (Year) (Hour)   21E INJURY OCCURRED While Not while at work at work	2   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that X attended the deceased from Aug.	20, 19,54 to Mar. 29, 19 55, WXXXXXX	CENTAL STATES
AKWANAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5:45 M, from the causes and on the date	
Francis G. Dickey, Chief, Medical Service M		3/30/55
23. BURIAL, CREMATION, DATÉ THEREOF NAME OF CEMET	ERY OR CREMATORY LOCATION (City, town, or slaus Cemetery Dundalk, Mary)	
		/ADDRESS
J U Z V Z V Z	7705 S. Ann St., Balto., Md.	



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6	4	n	h

CERTIFICATE OF DEATH

Reg. Dist. No.

I. PLACE OF DEATH:		2. USUAL RESIDE	NCE (HOME) OF DECEAS	ED:
COUNTY Baltimore	MARYLAND	STATE Mary	and COUNTY	1-14-
CITY (If outside corporate limits, write R	URAL LENGTH OF STAY		orporate limits, write RURAL	and give nearest town)
OR and give nearest town)  TOWN  Fort Howard	7 Days	OR TOWN Balti		
HOSPITAL OR	1 2 2 3 2	STREET	(If rural give location	33
- INSTITUTION OR	wistmakism Hammi	ADDRESS		,
50 STREET ADDRESSVeterans Admi		val 8727 Eddir	gton Road	
3. NAME OF (First) DECEASED:	(Middie)	(Last)	4. DATE (Month)	(Day) (Year)
(Type or Print) RUSSELL	S. SPREC	HER	DEATH: March	23, 1955
5. SEX: 6. COLOR OR 7. SINGLE, RACE: WIDOWE	MARRIED, 8. DATE	OF BIRTH: 9	AGE last birthday IF UNDER	YEAR IF UNDER 24 HR6.
Male White (Specify)	Widowed July 8	. 1893	61. yrs. Months	Days Hours Min.
10A. USUAL OCCUPATION (Give kind of 10)	KIND OF BUSINESS		tate or foreign country):  12	CITIZEN OF WHAT
work done during most of working life. even if retired Flagman Ra	or industry:			COUNTRY?
13. FATHER'S NAME:	TILOSO	Mt. Airy, Ma		U. S. A.
Charles G. Sprecher				
18. WAS DECEASED EVER IN U.S. ARMED FORCES!	16. SDCIAL SECURITY NO.	Grace V. Har		
(Yes, no, or unk.) (If Yes, give war or dates	16. BOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS:	
Yes of service) WW-I	Unknown	Clin.Rec., Ve	t.Adm.Hospital,	Ft. Howard, Md.
	8. MEDICAL CERTIFICAT	TION		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY	LEADING TO DEATH	2 10		ONSET AND DEATH
451 MMEDIATE CAUSE	(A) BLEEDING AN	BDOMINAL ANEUR	YSM	7 DAYS
	DUE TO			- 1017
ANTECEDENT CAUSE (\$) DISEASES OR CONDITIONS, IF ANY,				
GIVING RISE TO THE ABOVE CAUSE	(B)			
STATING UNDERLYING CAUSE LAST.				- 500 DOM
II OTHER SIGNIFICANT CONDITIONS CO	(C)			
TO THE DEATH BUT NOT RELATED TO	THE			
DISEASE OR CONDITION CAUSING DE				
	FINDINGS OF OPERATION	N		20. AUTOPSY?
3-19-55 Aortic G	raft			YES NO
21A. ACCIDENT WAS UNDERLYING   21I OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	B. PLACE (Home, farm, fac INJURY street, office bldg.,	etc. 21c. WHERE DI	D (City or town) (Cour	nty) (State)
2ID. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	Vhile Not while at work at work	21F. HOW DID IN	JURY OCCUR?	
22. I hereby certify that Mattended the	e deceased from Marc	h 16. 155 toMarc	h 23 1955 warrang	PAGOMACANOSCAM
		I alvi a		
abrosoccoccoccioca and	that death occurred at	ADDRESS	causes and on the date	stated above.
I would fil	16			
William B. VandeGrift. W.	OF NAME OF CEMET	ERY OR CREMATORY	LOCATION (City, town,	3-24-55 or county) (State)
REMOVAL (SPECIFY)				
			ry Baltimore, M	
REGISTRAR 1 10-F PIN	SIGNATURE	Wm.Cook-Blig	ht Funeral Home	ADDRESS
March 26. 1953. 17.W.		6009 Harford	Road, Baltimore	14. Md.

MARGIN RESERVED FOR BINDING

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15 - 10 - 53

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2467 CERTIFICATI	E OF DEATH Reg. Dist	. No. 30
1. PLACE OF DEATH:	1 2. USUAL RESIDENCE (HOME) OF DECEASED	n.
Balfiniore	2	
COUNTY Jalsines MARYLAND	STATE 1901 COUNTY	altimore.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY		nd give nearest town
TOWN Balk'urre 28 (in this place)	TOWN Ballinevre	×
HOSPITAL OR INSTITUTION OR Spring Grove Hale Hospital	STREET (If rural give location) ADDRESS 99 Dundalk Av	e + /
3. NAME OF (First) (Middle) DECEASED: //		Day) (Year)
(Type or Print) Homer P, S9	hirls DEATH: 3.	8 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED. 8. DATE WIDOWED, DIVORCED. (Specify): Married Octob.	11 11 11 11	
Work done during most of working life, even the control of the con	11. BIRTHPLACE (State or foreign country): 12.	CITIZEN OF WHAT
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	7
uncuown	unkuown	
15, WAS DECEASED EVER IN U.S. ARMED FORCES?   15. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service) No NE	CHLOE F. SIQUIRES - SAME	ADDRESS
18. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
490 X Lobar Pheu	monia	5 days
ANTECEDENT CAUSE (8)		
DISEASES OR CONDITIONS, IF ANY, (B)		
GIVING RISE TO THE ABOVE CAUSE DUE TO		
STATING UNDERLYING CAUSE LAST.		
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
to the Death But not related to the Disease or Condition Causing Death.	iosclerotic heart disease	years
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
		YES NO
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.	ctory. 21c. WHERE DID (City or town) (Count , etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work	D   21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4	1955 to 3 8 19 55 that I last	saw the deceased
alive on .3 /.8, 1966, and that death occurred at	ADDRESS DAT	
Stella Wacheler N	4. D.	5/8/87
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMET NORELAND		county) V(State)
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS

BECEINED

BUREAU V. S.

2468

28

	CERTIFICAT	E OF DEATH Reg. Dist. No	
	Item 9. FilmG179 4-5-55 et		ZELENIE -
	I. PLACE OF DEATH.	2. USUAL RESIDENCE (HOME) OF DECEASED.	
_	COUNTY BALTO. MARYLAND	STATE M.D. COUNTY	BALTO.
	CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give	nearest town),
	OR give nearest town) TOWN TOWN TOWN TOWN TOWN TOWN TOWN TOWN	TOWN BROOK LANDUJALE	X
-1	HOSPITAL OR	STREET (If rural, give location)	,
	94 STREET ADDRESS VILLA OURIE	ADDRESS YANGEY ROAD.	
	3. NAME OF (First) (Middle)	(Last)   1. DATE (Month)	(Day) (Year)
	(Type or Print) SISTER MARIE MARTINA	STANKARD OF DEATH March	20, 1955
	5. SEX ) 6. COLOR OR RACE   7. SINGLE, MARRIED.	8. DATE OF BIRTH   9. AGE last birthday   If under.	I year   If under 24 hrs.
	WIDOWED, DIVORCED, (Specify) 5 /NG L-W	OCT. 24, 1906 48 449 yrs. Months.	Days   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
	TEACHER RELIGIOUS	MASSI	
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	MARTIN STANKARD	MARY JOSEPHINE	
2	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY No. (Yes, no, or unknown)   (If year, give war or dates of	17. INFORMANT AND ADDRESS	20
7:	service)	Hella Jales Lives - Villey (	4.
	18. MEDICAL CEI	RTIFICATION	INTERVAL BETWEEN
	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	201X delahan	2 Visease	5 mm
	Immediate cause (a)		
H	Antecedent cause(s)		0
	Diseases or conditions, if any, (b)		***************************************
	giving rise to the above cause stating the underlying cause last		11747 7591
	II. OTHER SIGNIFICANT CONDITIONS		***************************************
	Conditions contributing to the death but not		
Н	related to the disease or condition causing death.  19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
2	138. DATE OF OLDERATION 138. MANGOL PRODUCTION		
	21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,	(CITY OR TOWN) (COUNTY)	(STATE)
	SUICIDE OF office bldg., etc.)	(OTT OF TOWN)	(511112)
	HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED	HOW DID INJURY OCCUR?	
	OF While at Not While		2- Jan 279 250
	The state of the s	-2	
	22. I hereby certify that I attended the deceased from	, 19.53, to Many 19.55, that I last sa	w the deceased
	Max 19 55	4:159 m., from the causes and on the date sta	
5.0		ADDRESS A	DATE SIGNED
	SIGNATURE (Degree or title)	115 x come on acti	3/3/175
	23. BURIAL CREMATION   DATE   NAME OF CEMETER	RY OR CREMATORY   LOCATION (City, town, or count)	) (State)
	23. BURIAL, CREMATION DATE REMOVAL (Specify) 3-22-55 Truits		hel.
	DATE REC'D BY LOCAL   RECOSTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
	REG 21 45 Males Grand	Dale Orneral Home Cita	mille mi







BUREAU V. S.

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MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	

02454

	MARYLAI	ND STATE D	EPARTMEN	T OF HE	ALTH-BAL	IMORE, 18		Reg. Dist.
M	EDICAL	EXAMI	NER'S	CERT	IFICATE	OF D	EATH	No. 4/
I. PLAC	E OF DEATH:	D at		2.	USUAL RESIDENCE	E (HOME) OF I	ECEASED:	11
COUN	TTY (/	Ballemore	MARYLA	AND	STATE M	COUNTY	Bal	lo.
CITY OR TOWN	and give nearest	te limits, write RUI	(ip this	OF STAY	OR TOWN	orporate limits w	rite RURAL and	give nearest town)  53
INSTI	TAL OR TUTION OR ET ADDRESS/83	4 Portely	p Road		STREET ADDRESS / 83	4 Poli	rgive Seation)	B.
	ASED:	First)	Earl Carl	Ste	pens.	4. DATE OF DEATH	Month (Day	(Year) 8 19 55
5. SEX:	le 6. COLOR	le. Ky	ANICH P	Kine	9/1908°	AGE last birthd	rs. Months D	AND HOURS   Min.
10a. US wol ever		Give kind of st of work life,	DUSTRES	Files	MENTHPLACE	(State or foreign		COUNTRY?
13. FAT	red s	Stranc		1	A. MOTHER'S MAID	EN NAME:	ainin	per
	DECEASED EVER IN or unk.) (If Yes, g service)		16. SOCIAL SECURI		INFORMANT & AI		Portshi	Dundalk
4	ASES OR CONDITION ASES	ONS DIRECTLY LE			T &C	elus	~~ <u>-</u>	INTERVAL BETWEEN ONSET AND DEATH
	tecedent cause(s	45.5		(				land and the state of
Disc	eases or conditions, ring rise to the above	if any, (b)			•••••••••••		***************************************	** ************************************
	ting underlying cau							
TO	THE DEATH BU	CONDITIONS CONT T NOT RELATED ON CAUSING DEA	TO THE					
		N:   19b. MAJOR F						20. AUTOPSY?
1								Yes No
PRIMA CAUSE	TERNAL CAUSE V. RY [] or CONTRIJ C OF DEATH.	BUTING [ ]	LACE (Home, far F street, office NJURY	e bldg., etc.,	21c. (City or town		ounty)	(State)
DOF		-55 2 M.	work 🗌 a	lot while	21f. HOW DID IN			
22. I h	nerchy certify th	at I took charg	e of the remain	ns described	above, held an	Autopsy [], ]	nspection [	, Inquiry [], and
SIGNAT		sulted from: Na	atural causes	M. D	CHART	, Homicide		rmined cause □.  DATE SIGNED  3/24/55
23. BUR				/				
EEW	IAL, CREMATION	DATE THERE	OF NAME OF	CEMETERY	OR CREMATORY	LOCATION (C	ity, town, or co	ounty) (State)
	CIAL, CREMATION OVAL (Specify): P1al REC'D BY LOCAL	3/30/5	Sacre			Baltimo	re 22, N	

BUREAU V. S.

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VS. A15

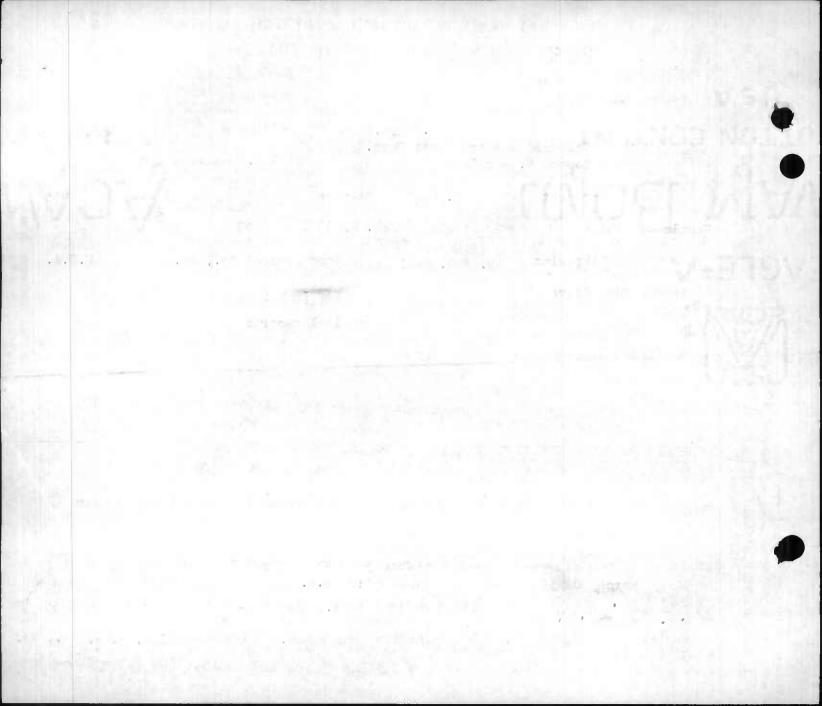
## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2455

2470

### CERTIFICATE OF DEATH

Reg. Dist. No. 3

₩ Z 8 U		
1. PLACE OF DEATH: Towson	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Baltimore MARYLAND	STATE Maryland Cour	NTY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL a d. TOWN Baltimore	nd give nearest town
HOSPITAL OR Shennerd & Frach Prett Hosp.	STREET (If rural give location	
STREET ADDRESS Towson 4, Maryland	ADDRESS 101 W. Monuement St.	V
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Da	y) (Year)
DECEASED: (Type or Print) Margaret Talbot St	evens DEATH: 3	
RACE: WIDOWED, DIVORCED, White (Specify): single Feb.	6, 1892   63 yrs.	ays Hours Min.
work done during most of working life INDUSTRY:		COUNTRY? U.S.A.
even if retired): Librarian B. & O. Rail Road	Anne Arundel Co., Md.	U+D+A+
13. FATHER'S NAME:		
Thomas Eddy Stevens	Ide Isabel Talbot	
Thomas Eddy Stevens  15 Was Decrased Ever In U.S. Armed Forces?   16. Social Security No.:   17. (Yes, no, or unk.)   (If Yes, give war or dates of	INFORMANT & ADDRESS:	
(nomico)	spital records	
No 18. MEDICAL CERTIFICATION		
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Interval Between
de marie and a	•	Onset And Dear
Immediate cause (a) Broncho from	lu proma	1 em
Immediate cause DUE TO	sebral atrophy	
Antecedent causes (s)	reland shorting	12-4-1
Diseases or conditions, if any, giving rise to the above cause	V	8
stating the underlying cause last. DUE TO	use (hukuowi)	
(-)	,	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	in sign coronice of	munt
related to the disease or condition causing death.	on gru e pojetions	A TYMORGY !
19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY
		Yes No 🗌
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY)	STATE)
TIME (Month) (Day) (Year) (Hour)   INJURY OCCURED   While at Not While   INJURY   Mork   At Work	110W DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased fromJune5	1953 to March 30 . 1955 that I last	saw the deccase
alive on March30 1955, and that death occurred at 3:	OU D.M., from the causes and on the date	ATE SIGNED
	Supt., Sheppard-Pratt Hospital	3/30/55
M. Norgan M. O - Assistant Medical S	RY OR CREMATORY   LOCATION (City, town, or c	county) (State)
PEMOVAI. (Specify)		
Burial April 2, 1955 Methodist C	hurch Cem. Davidsonville, A.	A ADDRESS Md
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		
(-1/-s) 4 VV stodick	John V. Mitchell & Ams Jone 1900 Butar	r Place
REGISTRAR 3/50 A W Hodrick	John O. Metchell y Sms Ince 1900 Eutar	



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### MARYLAND STATE DEPARTMENT OF HEALTH

2471

2411 N. Charles Street, Baltlmore

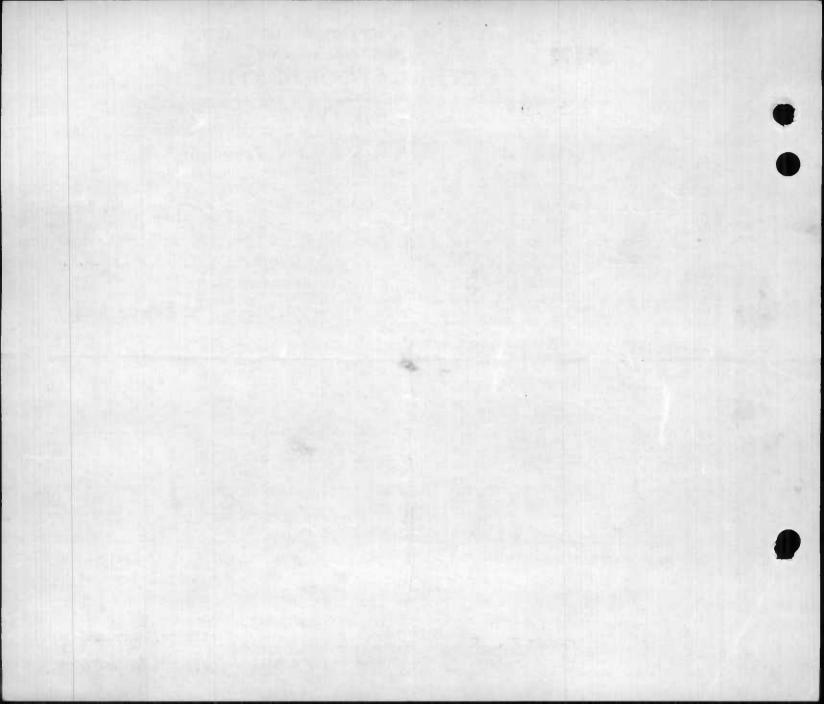
02456

### CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEAT COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (I STATE Maryl an		UNTY /
CITY (If outside of OR give neares	corporate limits, write KUR.	AL and LENGTH OF STAY (in this place)	OR	a. Baltimore	nd give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRESS	701 Elmwoo		STREET	(If rural, give locati	on)
3. NAME OF DECEASED (Type or Print)	(First) Elizabeth		(Last) Creb	4. DATE (Month OF DEATH March	17, 1955 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WILLOW	s. DATE OF BIRTH Dec. 13, 1874	9. AGE last hirthday If	under I year II under 24 hrs.
done during most of HOUS	ATION (Give kind of work working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY HOME	Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM		astel	14. MOTHER'S MAIDEN Catherine	Bunn	
15. WAS DECRASED E (Yes, no, or unknown)	VER IN U.S. ARMED FORCES (If yes, give war or dates of service)	? 16. SOCIAL SECURITY NO.	Robert J. Stre		d Road
Diseases or giving rise to stating the	te cause (a)  nf cause(s) conditions, if any, to the above cause underlying cause last  (c) (c) UCANT CONDITIONS uting to the death but not	with	oselen	in the second	
related to the dise	ase or condition causing deat	th. FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE	(Specify) PLA OF INJU	CE (Home, farm, factory, street, office bldg., etc.)	(CITY OR 7	rown) (COU	NTY) (STATE)
TIME (Month) OF INJURY		INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC		
22. I hereby cer alive of SIGNATURE 23. BURIAL, CREM REMOVAL, (Spe BURIAL)	MATCH 21	1955 Holy Redee	P.m., from the	LOCATION (City, town, o Baltimore, Mar	ate stated above.  DATE SIGNED  3 · 1 · 1] · 1] -  recounty) (State)
BEG / F	J-14/2	Holiail	Lilly & Zeiler		
		11)Maa			

VS. A15



PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

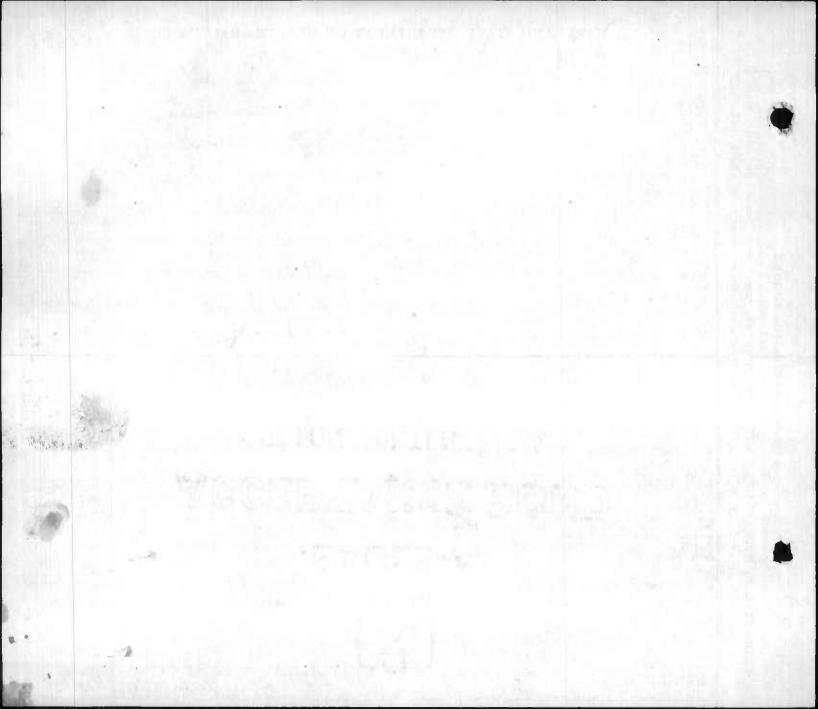
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	MARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1
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2472

### CERTIFICATE OF DEATH

RE, 18 ()2457 Reg. Dist. No.

NAC OF SECTION	La Hella Beepenes (Hous) of Beesless
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Balto. MARYLAND	STATE Md. COUNTY Balto.
CITY (If outside corporate limits, write RURAL on and give nearest town)  TOWN We also recommended to the common of the common o	CITY(If outside corporate limits, write RURAL and give nearest tow
A WOODLAWN	TOWN Woodlawn X
HOSPITAL OR INSTITUTION OR OF STREET ADDRESS 911 Masefield Rd.	STREET (If rural give location) ADDRESS 911 Masefield Rd.
3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (Day) (Year)
DECEASED: (Type or Print) M. ETHEL ST	ROM OF DEATH: Mar. 1955
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, NICOLOR OR RACE: (Specify), (Specify)	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRICE Min
female White married May 21	11. BIRTHPLACE (State of foreign country):   12. CITIZEN OF WHA
work done during most of working life, even if retired): Teachet Nursery School	TIL BIRTHPLACE (State of foreign country): 12. CITIZEN OF WH)
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Henry S. Noble	Annie McGhee
B. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates	Mr. Harry G. Neuman-911 Masefield Rd. #7
18. MEDICAL GERTIFICAT	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
420.0	1. 1 - 1 1 -
IMMEDIATE CAUSE (A) Myocar	deal insarction it 5 m.
DUE TO	dial infarction 1 5 mm
11 /2	relative hours dineared in
GIVING RISE TO THE ABOVE CAUSE DUE TO	revous means assesse 10 yrs.
STATING UNDERLYING CAUSE LAST.	111-1
(c) Malign	aret hyperlession 1/8 yts
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	A
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
	YES NO
21a. ACCIDENT WAS UNDERLYING OF INJURY Street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While at work at work	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May	
alive on March 3, 195 4, and that death occurred at	
SIGNATURE, I fan Lill iu M	DATE SIGNED DATE SIGNED
23. BORIAL CREMATION. DATE THEREOF NAME OF CEMETE	
Removal 3/7/55 National	Mem. Pk. Walls Church, Va.
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	BA FUNERAL DIRECTOR, APPORESS



2473	02458
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	Reg. Dist.
MEDICAL EXAMINER'S CERTIFICATE OF DEA	TH No. 30
1. PLACE OF DEATH:   2. USUAL RESIDENCE (HOME) OF DECEA	
COUNTY Baltimore MARYLAND STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL OR and size nearest town) le byr. omo. 140 ayrown Baltimore, 516	
HOSPITAL OR // INSTITUTION OR Spring Grove State Hospital Street ADDRESS Seton Institute	location) 3v01-4
8. NAME OF (First) (Middle) (Last) 4. DATE (Month DECEASED: OF Anton Sulovsky DEATH March	16, 19 55
DAGE. WIDOWED DIVORGED	COUNTRY?
13. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	UIIATIOWIT
Jon Sulovsky  15. Was Decrased Ever In U.S. Armed Forces 7 (Yes, no, or unk.) (1f Yes, give war or dates of	
Unknown   Records Spring Grove St	tate Hospital
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:  H20 Immediate cause  (a)  Pericardial ////////////////////////////////////	INTERVAL BETWEEN ONSET AND DEATH
Antecedent cause(s)  Ruptured heart, Arterio sclerotic coronary	
Diseases or conditions, if any, (b) DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY?
21a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF Street, office bldg., etc., INJURY  21a. EXTERNAL CAUSE WAS OF street, office bldg., etc., INJURY  (County)	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while INJURY M. Work □ at work □	
22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspe	ction , Inquiry , and
find that death resulted from: Natural causes , Accident , Suicide , Homicide , SIGNATURE    O   CHIEF MEDICAL EXAMINE DEPUTY MEDICAL EXAMINE DEPUTY MEDICAL EXAMINE ASSISTANT MEDICAL EXAMINE ASSISTANT MEDICAL EXAMINED CALL EXA	Undetermined cause   .
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, to Burial Specify): M. 19/55 S. Leter's Com. Mareland	Que. Balto - mal
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24 FUNERAL DIBECTOR REG. 3/19/55 - E. Harry Harry H. withe 1410	6 douted son
	2

BUREAU V. S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED.	7
COUNTY BOLLO MARYLAND	STATE Md Baltounty	
CITY (If outside corporate limits, write RURAL and   LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest	town)
OR give neares town) (in this place)	TOWN Risnelius	×
HOSPITAL OR	STREET (If rural, give Location)	
INSTITUTION OR	ADDRESS	/
OD STREET ADDRESS 7012 Beach 412	" 1012 Deech Ave	
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day)	(Year)
(Type or Print) ( Q > 7 / 2 M	aafe DEATH MOREL 16	1955
5. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED,	8. DATE OF BIRTH 9. AGE last birthday If under 1 year If	under 24 hrs.
Fenale Mhite WIDOWED, DIVORCED, (Specify) 1077; ed	Aug 22-1862 62 yrs. Months Days E	Lours Min.
10a, USUAL OCCUPATION (Give kind of work   10b. Kind of Business or	11. BIRTHPLACE (State or foreign country)   12. CITIZEN	
done during most of working life, even if retired) INDUSTRY	Balla Cile and Country	0
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
1011- 4 6 11	1/2/ P/-/	
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS	
(Yes, no, or unknown)   (If yes, give war or dates of	AND ADDRESS	, .
A(6 service) NON e	Mr + 20 pold 1. laafe 1016 D.	exely Alle
18. MEDICAL CE		L BETWEEN
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		AND DEATE
0.5%	Klandaler Continua II	Ha.
134 Immediate cause (a)	majora na ovienza de	cogn_
To Ot		- 11
Antecedent cause(s) Diseases or conditions, if any, (b)	e outpris	m
giving rise to the above cause	in 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	oral consideration (Table as united
stating the underlying ceuse last		
(e)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not		
related to the disease or condition causing death.		
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
	Yes	
		No [
21. ACCIDENT (Specify)   PLACE (Home, farm, factory, street,		No []
SUICIDE OF office bldg., etc.)		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY		
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (S	
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	(CITY OR TOWN) (COUNTY) (S	
SUICIDE OF office bidg., etc.)  HOMICIDE INJURY  OF Office bidg., etc.)  INJURY OCCURRED While at Not While INJURY  Mork At work	(CITY OR TOWN) (COUNTY) (ST	TATE)
SUICIDE OF office bldg., etc.) HOMICIDE INJURY TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF While at Not While	(CITY OR TOWN) (COUNTY) (ST	TATE)
SUICIDE   OF office bldg., etc.)  HOMICIDE   INJURY OCCURRED   INJURY OCCURRED   While at   Not While    INJURY   Not While   Not Work   At work    22. I hereby certify that I attended the deceased from   Attached    alive on   3   19   5   and that death occurred at	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1954, to Arch 1619.55, that I last saw the	deceased
SUICIDE   OF office bidg., etc.)  HOMICIDE   INJURY    TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED   OF   INJURY   Not While at   Not While   Not While at   Not While   Work   At work	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1954, to Arch 1619.55, that I last saw the	deceased
SUICIDE   OF office bldg., etc.)  HOMICIDE   INJURY OCCURRED   INJURY OCCURRED   While at   Not While    INJURY   OF office bldg., etc.)  INJURY OCCURRED   While at   Not While   At work    22. I hereby certify that I attended the deceased from   Att work   alive on   3   19   5   and that death occurred at	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1954, to Arch 1619.55, that I last saw the	deceased
SUICIDE   OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED While at Not While at Not While at Not While at Not Work    1NJURY   At work    22. I hereby certify that I attended the deceased from Atwork    alive on   1955 and that death occurred at SIGNATURE. (Degree or, title)	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1954, to March 1619.55, that I last saw the ADDRESS Belay and on the date stated about 3-1	deceased Ove.
SUICIDE HOMICIDE  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF INJURY   INJURY OCCURRED While at Not While Work   At work    22. I hereby certify that I attended the deceased from alive on   1955 and that death occurred at SIGNATURE:  (Degree or, title)  23. BURIAL, CREMATION   DATE THEREOF   NAME OF CEMETE	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1954, to Arch 1619.55, that I last saw the	deceased
SUICIDE  HOMICIDE  TIME (Month) (Day) (Year) (Hour)   INJURY OCCURRED OF   INJURY   INJURY OCCURRED   While at   Not While   INJURY   Not While   At work    22. I hereby certify that I attended the deceased from   At work    alive on   19   and that death occurred at   SIGNATURE   (Degree or, title)  23. BURIAL, CREMATION DATE THEREOF   NAME OF CEMETE   REMOVAL (Specify)   24   6   10   10   10   REMOVAL (Specify)   24   6   10   10   REMOVAL (Specify)   27   6   REMOVAL (SPECIFY (SPECIFY (SPECIFY (SPECIFY (	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  195%, to March 1619.5%, that I last saw the ADDRESS DATE 3025 Belay And 3-/2  ERY OR CREMATORY LOCATION (City, town, or county)  Balfo	deceased Ove.
SUICIDE HOMICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED OF INJURY  22. I hereby certify that I attended the deceased from alive on	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  1957, to Arch 1619.5.5, that I last saw the ADDRESS DATE 3025 Below Location (City, town, or county)	deceased Ove.
SUICIDE HOMICIDE OF office bidg., etc.)  TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While at Not While at Not While At work   22. I hereby certify that I attended the deceased from At work   alive on 19 and that death occurred at (Degree or, title)  SIGNATURE: (Degree or, title)  23. BURIAL CREMATION DATE THEREOF NAME OF CEMETE REMOVAL (Specify)  3/9/5-5- Pay Kunger	HOW DID INJURY OCCUR?  HOW DID INJURY OCCUR?  195%, to March 1619.5%, that I last saw the ADDRESS DATE 3025 Belay And 3-/2  ERY OR CREMATORY LOCATION (City, town, or county)  Balfo	deceased Ove.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

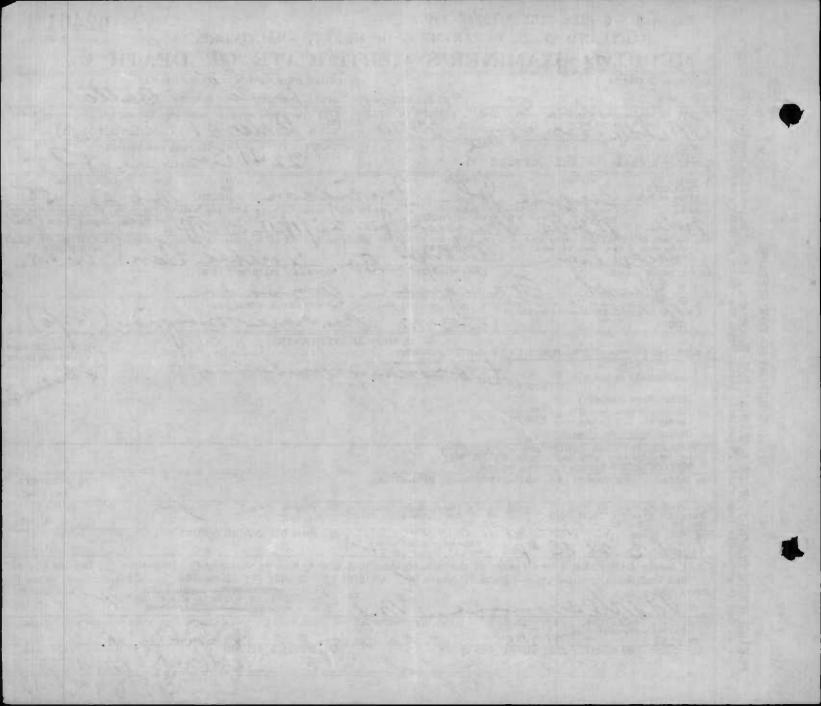
The correct age

3025 Belair Ad Dr. Fearing

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MAKGIN KESE	SE WRITE PLAINLY, WITH UNFADING II age is especially important. Physicians: ple	
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	77)	

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH	No. 32
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Bact . MARYLAND	STATE Ind. COUNTY Bar	tr.
CITY (If outside corporate limits, write RURAL LENGTH OF STATORY)  OR and give nearest town)  Piknesorila (in this place)  12 square	OR O . 1 - 11 -	give nearest town)
HOSPITAL OR INSTITUTION OR 4105 Zowell Drive	ADDRESS 4105 Lower Smi	ne.
3. NAME OF (First) (Middle) DECEASED: (Type or Print) PERCY BROWNE T	(Last) 4. DATE (Month) (Day OF DEATH MAX C	
RACE: \ WIDOWED, DIVORCED,	TE OF BIRTH: 9. AGE last birthday: IF UNDER I Y Months Da	
10a. USUAL OCCUPATION (Give kind of work done during most of work life. even if retired):	0 1- 5 1	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME;	14. MOTHER'S MAIDEN NAME:	
Frisby F. Thomas.	Thire Browne	101
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (11 Yes, give war or dates of service) 215-03-537	17. INFORMANT & ADDRESS: This	(brother)
I8. MEDIO	CAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Coronary	artery Disease	5 mr.
DUE TO		
Antecedent cause(s)  Diseases or conditions, if any, (b)		
giving rise to the above cause DUE TO stating underlying cause last		
IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	nl.	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:		20. AUTOPSY?
noul. noul.		Yes No 🔼
21a. EXTERNAL CAUSE WAS PRIMARY   or CONTRIBUTING   OF street, office bldg., et CAUSE OF DEATH. INJURY	Cie Snore-	(State)
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED OF INJURY  M. Work  at work		
22. I hereby certify that I took charge of the remains descr		
find that death resulted from: Natural causes X, Acc	ident [], Suicide [], Homicide [], Undeter CHIEF MEDICAL EXAMINER []	mined cause [].
D. D. Caples	M. D. ASSISTANT MEDICAL EXAMINER	3 - 6-155
23. BURIAL, CREMATION,   DATE THEREOF   NAME OF CEMETE	RY OR CREMATORY   LOCATION (City, town, or con	
REMOVAL (Specify): 3/9/55 Loudon Par	ck Cem. Balto Md.	0
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REG. 3-7-55	1 29 JUNERAL DIRECTOR Jour-	ADDRESS Dally 17
	The state of the s	mid.

Total Control of the state of t



VS. A15-10-53

The

PLACE OF DEATH:

COUNTY

CITY OR TOWN

(If outside corporate limits, write RURAL and give nearest town).

ormation carefully.

early and legibly.

74191 1111101	0,
HOSPITAL OR STREET (If rural give location) ADDRESS AD	21 '
BECKIES STITE IN DECKIES STITLE	Day) (Year)
3. NAME OF First) (Middle) (Last) 4. DATE (Month) (Last) OF	Day) (Year)
(Type or Print) / Tarry / Yaccy, DEATH///arch	9, 1930
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday ir unoen in Months I	Days Hours   Min.
Male White spring August 6, 18/2, 82 yrs.	
DA. USUAL OCCUPATION (Give kind of working life, work done during most of working life, OR INDUSTRY:	COUNTRY?
work done during most of working life, or INDUSTRY: even is retired) mer Own Farm. Beckleysuille, Md Q	1. S. A.
3. FATHER'S NAME: 14. MOTHER'S MAIDEN NAME:	
Nartha Ecolins	son.
S. WAS DECEASED EVER IN U.S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS O	0.0
(Yes, nd. or unk.) (If Yes, give war or dates of service)	Menos
18. MEDICAL CERTIFICATION	INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
331X	Kel
IMMEDIATE CAUSE  (A)  DUE TO	1000
ANTECEDENT CAUSE (S)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO	
STATING UNDERLYING CAUSE LAST.	
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH	
SAL DATE OF OFERATION.	YES NO
Constitution of the state of th	
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, factory, 21c. WHERE DID (City or town) (Cound DR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJURY OCCUR?	ty) (State)
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED   21F, HOW DID INJURY OCCUR?  While Not while	
M. at work at work	
22. I hereby certify that I attended the deceased from 19.5, to 3/1/, 195., that I last	t saw the deceased
alive on 3/9/5, 19, and that death occurred at //, 30fM, from the causes and on the date	stated shove
SIGNATURE DA'	TE/SIGNED
(1. M. trance M.D. Carleton had 3	111/5-5-
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, of	county) (State)
REMOVAL (SPECIFY) 3/12/55 Middletory Middleton	Ball ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS
REGISTRAR 15.5 Cohenles of Feelers & Hartly lin New	Theeder Ho

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

OR TOWN

MARYLAND

(in this place)

30yrs.

Reg. Dist. No.

2. USUAL RESIDENCE (HOME) OF DECEASED:

BUREAU V. E.

SS61 18 3000

BEOGNA

MARGIN RESERVED FOR BINDING

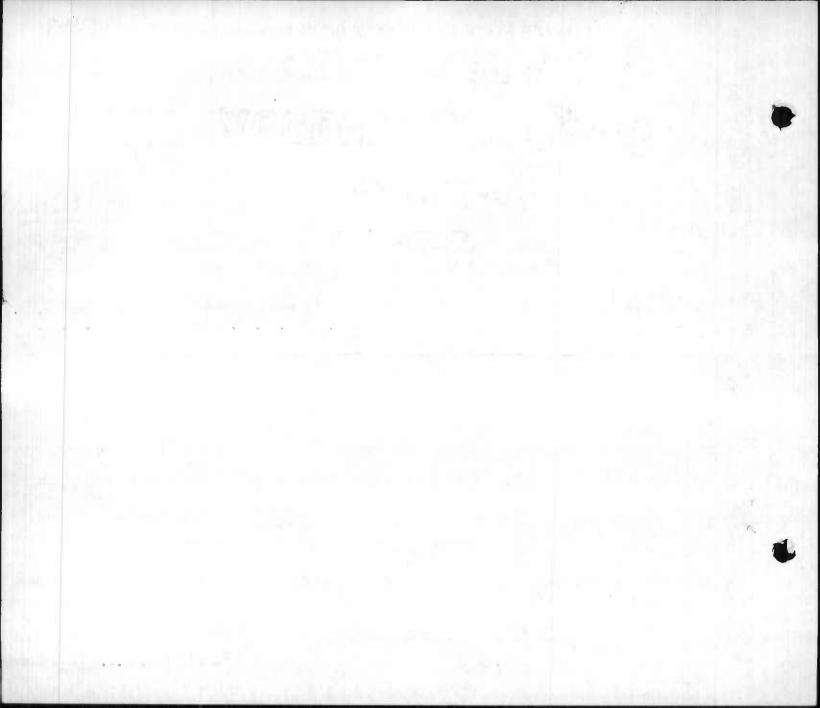
VS. A15-10-53

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2463

9	A	78	CERTIFICATE	OF	DEAT	r T
6	4	1X	CENTIFICATE	OF	JJEA,	

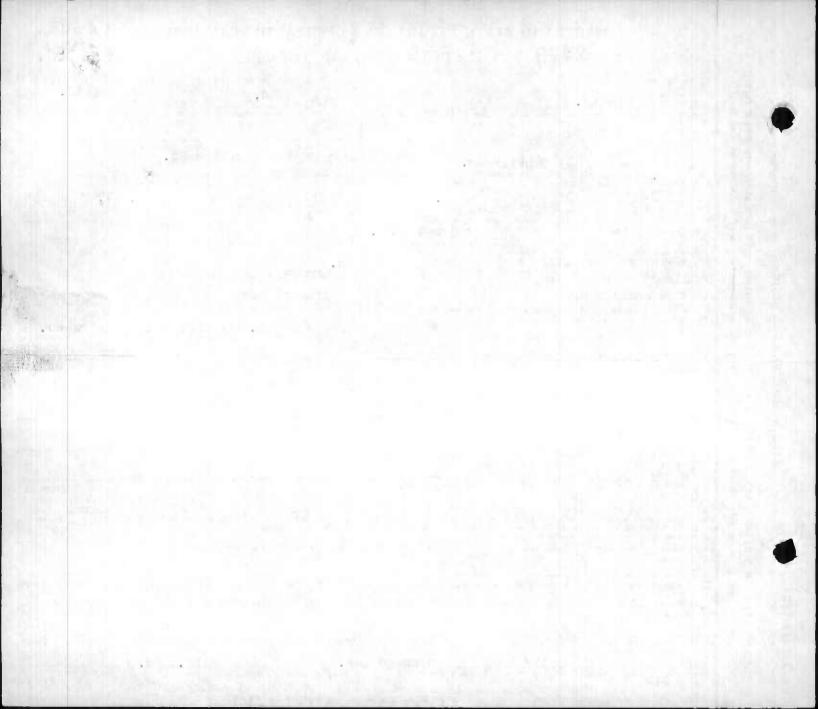
2478 CERTIFICATI	C OF DEATH Reg. Dist	. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASE	D: 1 7
COUNTY Baltimore MARYLAND	STATE Md. COUNTY	en aurin
CITY (If outside corporate limits, write RURAL COR and give nearest town)  TOWN Lutherville		
HOSPITAL OR	STREET (If rural give location)	A - 200
O STREET ADDRESS College Manor Nursing Home	ADDRESS	/
S. NAME OF (First) (Middle)  DECEASED: (Type or Print) Agatha Wheeler Vest	OF	Day) (Year)
5. SEX:   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   RACE:   WIDOWED, DIVORCED,	10,1864 90 yrs.	
DA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife at home	II. BIRTHPLACE (State or foreign country): 12. Mississippi	CITIZEN OF WHAT
3. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:	
John Emory	Mary Conway Emmanuel	
S. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.		ashington, D
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. John. P. W. Vest - 1627 K	
(C)	le himorrhage.  Cereborror culan dis can	o sean!
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N	20. AUTOPSY?
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fac OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		ty) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED OF INJURY While Not while	D   21F. HOW DID INJURY OCCUR?	
M. at work at work		
22. I hereby certify that I attended the deceased from 3/15 alive on 3/21/ 1955, and that death occurred at SIGNATURE	ADDRESS Paul AN BOLL	stated above.  E SIGNED 3/11/5
22. I hereby certify that I attended the deceased from 3/19 alive on 3/2/, 1955, and that death occurred at SIGNATURE  23. BURIAL, CREMATION, REMOVAL (SPECIFY) Removal March 23.1955	ADDRESS DATE OF THE PARTY OF TH	stated above.  E SIGNED 3/23/5  county) (State)

W. Hedrich



MARYLAND	STATE	DEPARTMENT	OF	HEALTH-	BALTIMORE,	18	02	464
2479	CEI	RTIFICATE	OF	DEATI		. Dist		

1. PLACE OF DEATH:  COUNTY Balto MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:  Md. Balto.	
CITY (If outside corporate limits, write RURAL And give nearest town)  TOWSON  CITY (If outside corporate limits, write RURAL (in this place)	CITY(If outside corporate limits, write RURAL and give neare OR TOWSON 5	st town
HOSPITAL OR INSTITUTION OR STREET ADDRESS  41 Dunkirk Rd.	STREET (If rural give location) ADDRESS   Dunkirk Rd.	,
DECEASED.	(Last) 4. DATE (Month) (Day) (You of DEATH: Mar. 17, 19	ear) 55
RACE: WIDOWED, DIVORCED,	7, 1876  9. AGE last birthday IF UNDER 1 YEAR IF UNDER 1 YEAR Hours	Min.
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife at home	II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF COUNTRY?	WHAT
George Knellinger	14. MOTHER'S MAIDEN NAME: Elizabeth Bush	
(Yes, no, or unk.) (If Yes, give war or dates of service)  15. SOCIAL SECURITY NO.  16. SOCIAL SECURITY NO.	Miss Ethel I. Viessman - 41 Dunkirk Ro	d.
18. MEDICAL CERTIFICAT  I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  14.2.1  IMMEDIATE CAUSE  (A)  DUE TO	ander disease William P	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (C)	selvasis ?	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AUTO	OPSY7
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fact OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., (IF EITHER, NOTIFY MEDICAL EXAMINER)	ory, 21c. WHERE DID (City or town) (County) (Seec. INJURY OCCUR?	tate)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from O. I. 4 alive on MMM, 1955, and that death occurred at SIGNATURE		
M M	. L L 2010 0 0001 ( 10 17 00 18 1.	of my



2411 N. Charles Street, Baltimore

## CEDTIFICATE OF DEATH

tem 9 FilmG179 3-24-55 et	ALE OF DE	AIH	Reg. Dist. No	*****
1. PLACE OF DEATH.	2. USUAL RESIDE	ENCE (HOME) OF D	ECEASED.	
COUNTY Bal TIMORE MARYLAN	D STATE ma	Ryland	COUNTY	
CITY (If outside corporate limits, write RURAL and LENGTH OF OR give nearest town) (in this p	STAY   CITY (If outside	e corporate limita, write	RURAL and give no	earest town)
	TOWN (	al linor		3101-4
OSTREET ADDRESS 100 Banberry CF	STREET ADDRESS 63	33 St. Mus	l, give location)	T
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Type or Print)	Halken	4. DATE OF DEATH	111	(Year) (Year) 1955
Male 6. COLOR OR RACE 7. SINGLE, MARRIE WIDOWED, DIVOK (Specify) Map	CED.	9. AGE last by 9.3 61 62	rthday   If under 1 ye   Months   Da	ar III under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work 10b. Kind of Busin	OR II. BIBTHPLACE	(State or foreign country	ry)   12. C	ITIZEN OF WHAT
13. FATHER'S NAME	14. MOTHER'S M			and the
15. WAS DECRASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY (Yes, no, or unknown)   (If yes, give war or dates of service)   16. SOCIAL SECURITY   1	4	AND ADDRESS	heary of A.	dalte a del
	CAL CERTIFICATION		/	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			O	TERVAL BETWEEN NEET AND DEATE
Immediate cause (a) 49 pbs 74 7	ic PNEUMONI	9	***************************************	deles
Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	Apoplexy			148
(c)			423331	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				Name of the last
19a. DATE OF OPERATION   19b. MAJOR FINDINGS OF OPERA	rion		20	O. AUTOPSY?
			,	Yes No D
21. ACCIDENT (Specify) PLACE (Home, farm, factory OF office bldg., etc.) HOMICIDE INJURY	, atreet, (CIT	Y OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not While INJURY m. Work — At work		RY OCCUR?		
22. I hereby certify that I attended the deceased from feet	14994 D. 1955, to 77	1955.	, that I last saw	the deceased
alive on MaRch.1.7, 19.5.5, and that death occurre SIGNATURE (Degree or title	ed atfro	m the causes and	on the date stated	d above.
Helliam C. Hade M. D. 11	40 Oak Aven	ue, Dunda	1422 m	d 3/17/2
23. BURIAL, ORDMATION DATE THE VEOF NAME OF C	EMETERY OR CREMATOR	Baltum	ty, town, or county)	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DI			DDRESS
TARREL SANGU L	V Last.	R. Law &	ar mal	1 0.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

The correct age

VS. A15



	STATE DEPARTMENT CERTIFICAT		ATH	IN
2480			neg.	2.50
			ence (Home) of Decease	017
COUNTY Baltimore  CITY (If outside corporate limits, write or or and give nearest town)  TOWN Owings Mills	MARYLAND	SIMIE	ile corporate limits, write RUR	COUNTY
CITY (If outside corporate limits, write OR and give nearest town)  TOWN Owings Mills	1 yr. 4 mo.	TOWN (Run	al) Potomac Heigh	its 08-2
HOSPITAL OR INSTITUTION OR /2 STREET ADDRESS ROSEWOOD ST	tate Training School	STREET ADDRESS 10	(If rural give loc Kenwood Place	ration)
3. NAME OF (First) DECEASED: (Type or Print) Michael	(Middle) Paul	(Last) Weeks	4. DATE (Month) OF DEATH: 3	(Dry) (Year) 27 19 55
RACE. WIDO	owed, divorced, sirgle 8/:		9. AGE last birthday: If UND. Month	B Days Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retlred):	10b. KIND OF BUSINESS O	LaPlate	(State or foreign country):  A, Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME:		14. MOTHER'S MA		
Milton A. Weeks			Elizabeth Byrd	
15 WAS DECEASEO EVER IN U.S. ARMEO FORCES. (Yes, no, or unk.) (If Yes, give war or dates o service)	.e	losewood Reco	ords, Owings Mills	, Maryland
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	Aspiration			Interval Between Onset And Death 2-3 days
II. OTHER SIGNIFICANT CONDITIONS	Congenitalms	lformation	of brain with	mental
Conditions contributing to the death but related to the disease or condition causin 19a. DATE OF OPERATION: 19b. MAJO	ng death. deficiency,	flacid pa congenital	ralysis and con disorder	NVULSIVE 20. AUTOPSY!
SUICIDE	ACE (Home, farm, factory, stree office bldg., etc.)	(CITY OR TOV	VN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY 7 27 85 m.	1NJURY OCCURED   While at Not While   Work □ At Work □	110W DID INJUI	RY OCCUR?	
22. I hereby certify that I attended to alive on 3/27/, 19.55, and SIGNATURE  Viola B. Johns  23. BURIAL, CREMATION, DATE THER REMACAL (Specify) 3-30	the deceased from 11/5/ I that death occurred at (Degree or title)  M. D  REOF NAME OF CEMET	12:45 p.m. fro Owings l	m the causes and on the oppress Mills, Maryland LOCATION (City, town,	date stated above.  DATE SIGNED  3/28/55 or county) (State)
	e's SIGNATURE	24. VUNERAL DIR	MET & Roa	Maedaf
/	Mary Eline B		V	- Ceed

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 ()2467 Reg. Dist. No. 33

2481 CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: Baltimore Md. COUNTY Baltimore COUNTY MARYLAND CITY (If outside corporate limits, write RURAL) LENGTH OF STAY CITY(If outside corporate limits, write RURAL and give nearest town) and give nesrest town) (in this place) OR TOWN Town Glyndon (Rural 20 vrs. Glundon (Rural) STREET (If rural give location) HOSPITAL OR INSTITUTION OR ADDRESS STREET ADDRESS Worthington Rd. Worthington Rd. 4. DATE (Month) (Day) (First) (Middle) (Last) (Year) 3. NAME OF DECEASED: John Evan Wheeler DEATH: 3-23-55 (Type or Print) 6. COLOR OR 17. SINGLE, MARRIED, 8. DATE OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HRE. WIDOWED, DIVORCED, RACE: Days Months Hours ! (Specify): married white 3-27-190 male 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS 11. BIRTHPLACE (State or foreign country): |12. CITIZEN OF WHAT work done during most of working life, OR INDUSTRY: COUNTRY? even if retired): U.S.A. groom horse farm Maryland 14. MOTHER'S MAIDEN NAME: 13. FATHER'S NAME: Evan D. Wheeler Ida Skipper 17. INFORMANT & ADDRESS: IS. WAR DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO. (Yes. no. or unk.) (If Yes, give war or dates Mrs. Dora Agnes Wheeler, Glyndon, Md. of service) 215-16-0040 no. INTERVAL BETWEEN I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.

(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

DISEASE OR CONDITION CAUSING DEATH.

198. MAJOR FINDINGS OF OPERATION

218. PLACE (Home, farm, factory. 21c. WHERE DID (City or town) OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc. INJURY OCCUR?

(County) (State)

21A. ACCIDENT WAS UNDERLYING (IF EITHER, NOTIFY MEDICAL EXAMINER) 21D. TIME (Month) (Day) (Year) (Hour)

mane -21E INJURY OCCURRED Not while at work at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from /2-3, 1957, to 3-23, 1955, that I last saw the deceased

alive on 3-22 ..., 1955, and that death occurred at 3 P. M. from the causes and on the date stated above. DATE SIGNED SIGNATURE -

NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION, REMOVAL (SPECIFY) Black Rock Burial 3 - 26 - 55

LOCATION (City, town, or county)

Butler, Md

24. FUNERAL DIRECTOR

ADDRESS

OF INJURY

REGISTRAR'S SIGNATURE

DATE THEREOF DATE REC'D BY LOCAL

BECEINED

ZZGI OE AAM

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

TYPE OR

PLEASE

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18)2468

CERTIFICATE OF

			700
DEATH	Reg.	Dist.	No.

			/
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASE	D:
COUNTY Baltimore	MARYLAND	STATE Maryland COUNTY	
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY		CITY(If outside corporate limits, write RURAL	and give nearest town)
OR and give nearest town) (in this place)		OR	2./ 1.//
A - 52 Monard   / Days			3401-1
HOSPITAL OR INSTITUTION OR		STREET (If rural give location) ADDRESS	
50 STREET ADDRESS Veterans Admi	nistration Hospi	tal 622 W. Lee Street	<b>✓</b>
3. NAME OF (First)	(Middle)		Day) (Year)
DECEASED: (Type or Print) JAMES	E. WHITE	THE TOTAL COLUMN TO THE TO	
5. SEX: 8. COLOR OR 7. SINGLE, RACE: WIDOWE (Specify):	Married March	9. AGE last birthday Functs 1 4, 1920 35 yrs.	Days Hours Min.
IOA. USUAL OCCUPATION (Give kind of) 108	. KIND OF BUSINESS	4, 1920   35 yrs.     II. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
work done during most of working life,	or industry:		COUNTRY?
13. FATHER'S NAME:	_ 450	14. MOTHER'S MAIDEN NAME:	D. A.
Nathan White		Druscilla Carpenter	
(Yes no or unk ) (If Yes give were or deter	18. SOCIAL SECURITY NO.	17, INFORMANT & ADDRESS:	
(Yes, no, or unk.) (If Yes, give war or dates of service)WW-II	212 16-2921	Clin.Rec.Vet.Adm.Hosp. Fort H	oward. Md.
	8. MEDICAL CERTIFICAT		INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY L	LEADING TO DEATH		ONSET AND DEATH
156,1	(A) CARCINOMA C	משודד ד	TINUCATORIA
IMMEDIATE CAUSE	107	r Liver	UNKNOWN
ANTECEDENT CAUSE (S)	UE TO		
DISEASES OR CONDITIONS, IF ANY.	(B)		
STATING UNDERLYING CAUSE LAST.	UE TO		
	(C)		
II OTHER SIGNIFICANT CONDITIONS COI TO THE DEATH BUT NOT RELATED TO T DISEASE OR CONDITION CAUSING DE	HE		
	FINDINGS OF OPERATION	V .	
			YES X NO
21a. ACCIDENT WAS UNDERLYING 21E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	3. PLACE (Home, farm, fac INJURY street, office bldg.,	tory. 21c. WHERE DID (City or town) (Coun etc. INJURY OCCUR?	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E INJURY OCCURRED While Not while at work	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that attended the	e deceased from Mar.	19, 1955, toMar. 28., 1955, that the	hersessbootesersed
SIGNATURE OF THE PERSON OF THE			stated above. TE SIGNED
William B. VandeGraft, M.	U. MAME OF CENTE	.D. VAH, Fort Howard, Md. 3-29 ERY OR CREMATORY   LOCATION (City, town, o	r county) (State)
Burial Burial	3/1	thodist Cemetery Calvert Count	Manufland.
DATE REC'D BY LOCAL REGISTRAR'S	SIGNATURE	Isaiah Brown & Son Funeral Ho	me
1900, 19.00.	Uni	108 W. Montgomery St., Baltim	re, Md.

the statement of the best of the relations, and where the reservers. 是是一个人的,但是一个人的,但是一个人的,但是一个人的,他们就是一个人的,他们就是一个人的,他们就是一个人的,他们就是一个人的,他们就是一个人的,他们就是一个人 Committee of the commit .

The correct age

MARGIN RESERVED FOR BINDING

VS. A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

### CERTIFICATE OF DEATH

z. Dist. No. 43

	GENTIFICATI	E OF DERTIF	Reg. Dist. No.	
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME	OF DECEASED.	
19a 1+0	MARYLAND	Ma	12010	
CITY (If outside corporate limits, write RI	JRAL and LENGTH OF STAY	OR CITY (If outside corporate lim	its, write RURAL and give	nearest town)
OR givo nearest town) TOWN	(in this place)	TOWN		X
HOSPITAL OR		STREET	(If rural, give location)	1
STREET ADDRESS 5 Grad	enwood Are	ADDRESS 5 GY	MANOOD F	7 pea
3. NAME OF (First)	(Middle)		DATE (Month)	(Day) (Year)
(Type or Print)	rto D WE	riteford 1	DEATH May 2 (1	8 19.53
5. SEX 6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED,	8. DATE OF BIRTH 9. AC	E last birthday   Il under I   Months	year   If under 24 hrs
Male Whit.	(Specify) Widawey	Aug 2-1874	8 0 yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of wo	rk 10b. KIND OF BUSINESS OR	11. PARTHPLACE (State or foreign	gn country)   12.	CITIZEN OF WHAT
done during most of working life, even if retired	Balto City Exloyer	Baltacit	und 18	COUNTRY
13. FATHER'S NAME	Duit out - aproyer	14. MOTHER'S MAIDEN NAM	WG	4 - 4
G 11/6	tefond	Mary -		
15. WAS DECEASED EVER IN U.S. ARMED FOR		17. INFORMANT AND ADDI	RESS	
(Yes, no. or unknown) (If yes, give war or dat	en of	Am / /		1
// o /  service)	MONE		ington & Tres	a knood Ak
	18. MEDICAL CE	RTIFICATION	/	INTERVAL BETWEEN
I. DISEASES OR CONDITIONS DIRECTI	Y LEADING TO DEATH	. 7	4	ONEET AND DEATE
334LX	( poplan-	e arterio	- letane	34
Immediate cause (a).			80-00	1
Autoro Arus consolo)				
Antecedent cause(s) Diseases or conditions, if any, (b),				
giving rise to the above cause	• • • • • • • • • • • • • • • • • • •	\$4 40^ - 1 1 100 40 100 000 01 10 1000 \$40 400 10 000 \$000 \$	***************************************	***************************************
stating the underlying cause last				
(c)				
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but no	t -			
related to the disease or condition causing d	leath.			
19a. DATE OF OPERATION   19b. MAJO	R FINDINGS OF OPERATION			20. AUTOPSY?
				Yes No
	LACE (Home, farm, factory, street, office hidg., etc.)	(CITY OR TOWN	) (COUNTY)	(STATE)
SUICIDE HOMICIDE	NJURY			
TIME (Month) (Day) (Year) (Hour	)   INJURY OCCURRED	HOW DID INJURY OCCUR?	4. 4.	
OF INJURY	While at Not While Work At work	10/2 To 10/2 T		
11400111	P	- 117-		
22. I hereby certify that I attended	the deceased from	19 H tomarcho	19.√J, that I last sa	w the deceased
To 2084 17		1. 1		
alive on to the 719 JJ,	and that death occurred at		es and on the date sta	ted above.
SIGNATURE	(Degree or title)	ADDRESS		DATE SIGNED
~ ~ / 7	1 W DIFFER ADE			
The state of the s	ANAL ANALON CONTRACTOR	DY OR ODENA TODY	DYON (Class Assessment	
23. BURIAL, CREMATION DATE THEIR	NAME OF CEMETE	RY OR CREMATORY LOCAT	FION (City, town, or count;	y) (State)
rurial 7/11	54 War La	WIX Cen	palto	and
	R'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
REG. MAN. 9-19.53 AMO. M.	1) Collemater	Jassalu Fu	unal Home 1	401. Belai
- VII				

1 W CV-11- 28 USI VIEDEIO CERTIFICATE OF DEATH

Reg. Dist. No.

oly.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:				
legibly	COUNTY 13 acts MARYLAND	STATE Maryland COUNTY				
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITYIIf outside corporate limits, write RURAL and give nearest town)				
and	OR and give flearest lown) (in this place)	OR OP				
		the the				
rly	HOSPITAL OR INSTITUTION OR INSTITUTION OR	STREET (If rural give location)				
clearly	STREET ADDRESS Shanklin Road	142 Handwas St				
	3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)				
death	DECEASED: (Type or Print)	TO OF march 20 -				
de	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 MRE.				
of	RACE: WIDOWED, DIVORCED. (Specify):	Months Dave Hours Min				
	100	26,/886 Of yrs.				
causes	10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS work done during most of working life. OR INDUSTRY:	11. BIRTHPLACE (State or Toreign country): 12. CITIZEN OF WHAT				
cal	even if retired Trafilager OR INDUSTRY:	England Betal				
the	13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:				
e t	Joseph Whitlow	Katherine Elavel				
write	18. WAR DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:				
	(Yes, no, or unk.) (If Yes, give war or dates 3, 3-10-600	las ahann Whitlow, Sa anklin Po				
se	70   of service)   212-18-8803	July / Fill				
please	18. MEDICAL CERTIFICAT	THE STATE OF WEEK				
Д	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH				
10	158 MMEDIATE CAUSE (A) CARCE	enoid Carcuma Main				
an	DUE TO					
Physicians	ANTECEDENT CAUSE (8)	2001				
ly S	GIVING RISE TO THE ABOVE CAUSE	mas Costructory 21100)				
Ph	STATING UNDERLYING CAUSE LAST.					
ند	(c)	SHOW PARTY CANADA A PARTY.				
tan	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	7. (, )				
important.	DISEASE OR CONDITION CAUSING DEATH.	no Murer liza				
dw	194. DATE OF OPERATION: 198. MAJOR FINDINGS OF SPERATION	20. AUTOPSY?				
-/1	metastal ('a	There for yes NO				
lly	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	ory 21c. WHERE DID (City or town) (County) (State)				
especially	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg.,	ory 21c. WHERE DID (City or town) (County) (State)				
be	(IF EITHER, NOTIFY MEDICAL EXAMINER)   21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	Late How BID IN HERV OCCUPA				
es	OF INJURY While Not while	21F. HOW DID INJURY OCCUR?				
.02	M.   at work   at work					
98	22. I hereby certify that I attended the deceased from	, 1955 to 3 20 , 1955 that I last saw the deceased				
es es	alive on 3, 20, 1955, and that death occurred at					
ct	SIGNATURE	ADDRESS DATE SIGNED				
correct	fileson A ball	o. 7 dr Nahare - Freto 3. 705				
COI		ERY OR CREMATORY   LOCATION (City, town, or county) (State)				
0.	REMOVAL (SPECIFY) 2 /2 /	00 1 3.00				
-	revolun 12/3/35 Freen n	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7				
-	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS				

10 - 53 A15. VS.

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TYPE

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Supply every item of information carefully.

7 =	2485 CERTIFICATI	E OF DEATH Reg. Dist.	No
Ly Library	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED	D:
carefully.	county Baltimore MARYLANO	STATE Maryland COUNTY	a Phr
Cal	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL a	nd give nearest town)
and and	X OR and give nearest town) TOWN Fort Howard 15 Days	Town Baltimore (Catonsville)	52
information clearly and	HOSPITAL OR INSTITUTION OR STREET ACCORESS Veterans Administration Hosp.	STREET (If rural give location) AOORESS 151 Winters Avenue	1
	3. NAME OF (First) (Middle)	(Last)   4. DATE (Month) (I	Day) (Year)
m of i	DECEASED: (Type or Print) GEORGE W. WILI	TAMS, SR. DEATH March	8 1955
	5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE   RACE:   WIDOWED, OIVORCEO,	OF BIRTH: 9. AGE last birthday IF UNDER 1 V	EAR IF UNDER 24 HRS.
	Male Colored Married April 1	9. 1896 58 yrs	
NG every causes	10A. USUAL OCCUPATION (Give kind of 10B. KINO OF BUSINESS work done during most of working life, OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):  12.	CITIZEN OF WHAT
NG ev	Self employed Storekeeper		S. A.
ADII pply the	13. FATHER'S NAME:	14. MOTHER'S MAIOEN NAME:	
BINDING Supply evite the cau	Aden Williams	Mary Humphrey	The state of
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:	
	IS. WAS DECEASED EVER IN U.S. ARMED FORCEST 16. SOCIAL SECURITY NO.  (Yes, no, or unk.) (If Yes, give war or dates of service) WW-I Unknown	Clin Poo Wot Adm Magnitud Bout	77
d	18. MEDICAL CERTIFICAT	Clin.Rec.Vet.Adm.Hospital,Fort	INTERVAL BETWEEN
ED NG ples	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
RESERVED UNFADING	/77 X CARCINOMA O	T DDOGMATTE	UNKNOWN
FA FA	IMMEDIATE CAUSE (A) CARCINOMA O	ZIAICONI 1	OWKWOWW
RESE UNFA	ANTECEDENT CAUSE (S)		
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE OUT TO		
GIN ITH Phy:	STATING UNDERLYING CAUSE LAST.		
MARGIN Y, WITH tant. Phy	(C)		
MAR AINLY, W important.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE		
M PLAINLY lly import	DISEASE OR CONDITION CAUSING OEATH.	N.	
im			20. AUTOPSY?
PL.	3-3-55 Bilateral Orchidectomy		YES NO
THE E	21a. ACCIOENT WAS UNDERLYING   21a. PLACE (Home, farm, factor CONTRIBUTING   CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tory. 21c. WHERE OIO (City or town) (Count etc. INJURY OCCUR?	(State)
10	OF INJURY  M. 21E INJURY OCCURRED While Int work at work at work	21F. HOW DID INJURY OCCUR?	
( - a 1/2/V	22. I hereby certify that rattended the deceased from Feb.	21 165 to Mars 8 10 55 200 00 000	NEXICAL MISSION PROPERTY AND PR
m ( G) a		P	
NO O	STANDARD TO STANDARD AND THE STANDARD STANDARD AND STANDARD AND STANDARD ST	12:50 M, from the causes and on the date:	stated above. re signed
- 10 -	III I III AND DE !		
SE	WILLIAM B. VANDEGRIFT. M.D.  23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETI	O. VAH. Fort Howard, Md. 3-9 ERY OR CREMATORY   LOCATION (City, town, or	county) (State)
A15 EAS	Burial (SPECIFY) 3-14-55 Baltimore N		
S. A.	DATE REC'O BY LOCAL   REGISTRAR'S SIGNATURE	24. FUNERAL OIRECTOR Home lay Funeral Home E78 W	ADDRESS

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•	Bill the contract of the contr		

	CERTIFICAT	E OF DEAT	H Reg. Dist. 1	No
1. PLACE OF DEATH COUNTY CALLEMAN	MARYLAND	2. USUAL RESIDENCE (H	OME) OF DECEASED.	ry Bellemon
CITY (If outside corporate limits, write RURAI OR give nearest town)	Land LENGTH OF STAY (in this place)	TOWN Our	te limits, write RURAL and g	rive nearest town)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	and I	STREET ADDRESS	(If rural, give location)	/
3. NAME OF DECEASED (Type or Print)  (First)  ERNOU	(Middle)	(Last)	4. DATE (Month) OF DEATH	(Day) (Year)
	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday   If unde	
10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106 Kind of Business on	11. BIRTHPHACE (State or	foreign country)	12. CITIZEN OF WHA COUNTRY?
13. FATHER'S NAME William	The your	14. MOTHER'S MAIDEN	NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or anknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No. 2/3-18-1109	17 INFORMANT AND	ADDRESS Curry	while Mel
I. DISEASES OR CONDITIONS DIRECTLY LA 581. O Immediate cause  Antecedent cause(s)  Diseases or conditions, if any, (b)	eading to Death for which will be the second of the second	in in		INTERVAL BETWEE ONSET AND DEAT
giving rise to the above cause stating the underlying cause last  (c)				20. AUTOPSY?
178. DATE OF OLDERATION				Yes 🗆 No 🗈
21. ACCIDENT (Specify) PLACE OF OF INJUR	E (Home, farm, factory, street, office bidg., etc.)	(CITY OR TO	OWN) (COUNTY	Y) (STATE)
OF	INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OCC	UR?	
22. I hereby certify that I attended the alive on Manal 15, 1955, and SIGNATURE	deceased from that death occurred at (Degree or title)	6.2	19.55, that I last causes and on the date	
23. RURIAL, CRUMATION WATE RUMO VAIL Specify)	OF NAME OF CENTER	nts 11	MATION (O.L., LOWN, OF COM	mty) (State)
DATE REC'D BY LOCAL REGISTRAR'S S.	IGNATURE	20 FUNERAL DIRECTOR	Home 3/3/9	Talla Part

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item of information carefully. The

Physicians: please write the causes of death clearly and legibly. Supply every

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M	PLAINLY,
I	PLEASE TYPE OR WRITE PI
	TYPE
	PLEASE

correct age is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2487 CERTIFICATE OF DEATH Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
county Baltimore Maryland	STATE Maryland COUNTY		
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	Y CITY(If outside corporate limits, write RURAL and give nearest town		
X TOWN Fort Howard 70 Days	TOWN Baltimore 3 Vol-4		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Veterans Administration Hospit	ADDRESS 1705 Brunt St., Balto., Md.		
	Last)   4. DATE (Month) (Day) (Year)		
DECEASED:	VILLIS DEATH: March 6, 1955		
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, RACE: WIDOWED, DIVORCED, 8. DATE	OF BIRTH: 9. AGE last birthday IF UNDER 1 YEAR   IF UNDER 24 HRS.  Months   Days   Hours   Min.		
Male   Colored   (Special): Married   5/			
work done during most of working life, even if retired): Laborer	Charles City Co., Va. U. S. A.		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Joseph Willis	Mirah MN: Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:		
(Yes, no, or unk.) (If Yes, give war or dates Yes of service) WWI Unknown	Clin.Rec., Vet.Adm. Hosp., Ft. Howard, Md.		
18, MEDICAL CERTIFICAT			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH		
443X	CARDTONIACONT AND DECRACE AND		
IMMEDIATE CAUSE (A) HYPERTENSIVE	E CARDIOVASCULAR DISEASE UNKNOWN		
ANTECEDENT CAUSE (S)			
DISEASES OR CONDITIONS, IF ANY, (B)			
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE			
DISEASE OR CONDITION CAUSING DEATH,			
1-20-55  A.K. Amputation, left leg. left lower leg. 2. Occlusi	Findings. 1. Dry gangrene, 20. AUTOPSY?		
21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, fact	ory. 21c. WHERE DID (City or town) (County) (State)		
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg.,	etc. INJURY OCCUR?		
21D. TIME (Month) (Day) (Year) (Hour)   21E INJURY OCCURRED	21F, HOW DID INJURY OCCUR?		
OF INJURY VA M. While at work at work			
22. I hereby certify that Nattended the deceased from Dec.	26, 1954, to Mar. 6, 1955, HOXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
AMAGENTAL CONTROL AND THAT death occurred at	AG 0		
	D. VAH, FORT HOWARD, MARYLAND		
23. BURIAL, CREMATION, DATE THEREOF   NAME OF CEMETE	ERY OR CREMATORY   LOCATION (City, town, or county) (State)		
REMOVAL (SPECIFY) 3/10/55 Baltimore	National Baltimore, Maryland		
DATE REC'D BY LOCAL   REGISTRAR'S, SIGNATURE	24. FUNERAL DIRECTOR ADDRESS		
REGISTRAR 3-10-55 aw Hedrich	Arlington S. Phillips Funeral Home		
	1808 N. Monroe St., Balto., Maryland		

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Application by Languages

MARYLAND	STATE	DEPARTMENT	OF	HEALTH—BALTIMORE,	18	024	7
2488	CEL	PTETCATE	OF	DEATH B.	D:-4	v. 3.	5

		CHRITICATE OF	Dist. No. D.	
4	AS	1. PLACE OF DEATH: 1 2. US	UAL RESIDENCE (HOME) OF DECEASED	
3	carefull legibly.	COUNTY BALTEMANY MARYLAND STA	TE Mid. COUNTY Baltimor	0
(1)	cal	CITY (If outside corporate limits, write RURAL LENGTH OF STAY CIT	Y(If outside corporate limits, write RURAL and give near	rest town)
	tion	OR and give nearest town) (in this place) OR	01111-4.171.111 (0 1)	V
A decision	atic a	1 Mill Helle herry 40 gr	REET (11/rural give location)	
- Marie Mari	rrly	INSTITUTION OR TO A P. A R. A ADI	DRESS A A A A	1
10	for	STREET ADDRESS SPRIGHTON VIII.	trogsion	
	m of informational	3. NAME OF (First) (Middle) (Last)	OF (Month) (Day) (	Year)
	or	(Type or Print) A SUU / Cyrul VIII )	N DEATH: //Ar. 10 1	9 55
	ite	5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, WIDOWED, (Specify) MARKED, 3-//-	1894 9. AGE last birthday ir under tyear Hours Wonths Days Hours	Min.
100-	causes		THPLACE (State or foreign country):  12. CITIZEN C	F WHAT
O,	eve	work done during most of working life. OR INDUSTRY	Warriel Ward COUNTRY	A
Z	> 0	13 FATHER'S NAME:	OTHER'S MAIDEN NAME:	/-
Z.	Supply te the ç	Admin Starcon 9	Vio Col	
BI	K. Supply write the	15. WAS DECEASED EVER IN U.S. ARMED FORCEST   16. SOCIAL SECURITY NO.   17. IN	FORMANT & ADDRESS:	
OR BINDIN	W. W.	(Yes, no, or ynk.) (If Yes, give war or dates 7 // 711 0 217 7//	Joseph & 111. Page - 200 + 11-	Mores
2	INK se w	MO   of service) - +16-49-701/1 MM	Seorger Meson, Mulita	1, /rug.
I	IG	18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONSET AN	BETWEEN
	NIC		4	D DEATH
MARGIN RESER	UNFADING sicians: plea	420 IMMEDIATE CAUSE (A) Coronary	acchain 15M	iN.
20	UNFAI sicians:	ANTECEDENT CAUSE (S)	la com	
2		DISEASES OR CONDITIONS, IF ANY. (B)		
Z	TH	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST.		
5		(C)		
A	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING		
Z	ort.	TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		
	AINLY	19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION	20. AU	TOPSY?
	-		YES	NOTE
	VRITE PL especially	21A. ACCIDENT WAS UNDERLYING   21B. PLACE (Home, farm, factory. 21c	WHERE DID ((City or town) (County) (	State)
	[E	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc. INJ	TURY OCCUR?	
	WRITE		HOW DID INJURY OCCUR?	
	-	OF INJURY While at work at work		
	OR e is		44. 3/	3.5
			45, to 3/19, 1959, that I last saw the	
53	TYPE rect ag		M, from the causes and on the date stated abo	ove.
0	T.Y.	SIGNATURE	ADDRESS DATE SIGNED	125
ī	SE TYI	M. D.  23. BURIAL CREMATION DATE THEREOF NAME OF GEMETERY, OR	CREMATORY & LOCATION City, town, or county)	(State)
ro		REMOVAL (SPECIFY)	Lette I I DIV to The all of the	, (Diate)
A	PLEA	Jurie 3-14-30 1124 Jevery 11	anocust mule Had file	-
S.	P	DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REGISTRAR	FUNERAL DIRECTOR ADDRES	mul
2		3/12/55 11/15 Howard 2.11 ackling fre	To be successfully species	1/111

BUREAU V. E.

2561 21 9AM

BECEINED

# CERTIFICATE OF DEATH

Reg. Dist. No. 33

1. PLACE OF DEAT	H. ltimore	MARYLAND	2. USUAL RESIDENCE (I		More
CITY (If outside c	orporate limits, write RUR.		CITY (If outside corpor OR TOWN Glyno	ate limits, write RURAL and	nd give nearest town)
HOSPITAL OR INSTITUTION OF STREET ADDRE	R Comed U	eart Lane	STREET	(If rural, give location in Heart Lane	on)
3. NAME OF DECEASED (Type or Print)	(First) Pearl	V (Middle) Wimple	(Last)	4. DATE (Month) OF March	(Day) (Year) h 28,1955 <sub>19</sub>
5. SEX Female	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MATTICA	April:10.188	11/4	nths. Days   Hours   Min.
10a. USUAL OCCUP.	ATION (Give kind of work yorking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	Baltimore		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAM			14. MOTHER'S MAIDEN Unknown	NAME	
15. WAS DECEASED E (Yes, no, or unknown)	ver In U.S. Armed Forces   (If year, give war or dates   service)	? 16. SOCIAL SECURITY NO. NONE	Russell Wim	Address ple,Glyndon,	Md.
Immediate Anteceder Diseases or giving rise to stating the u	e cause (a)  conditions, if any, (b)  conditions, if any, (b)  conditions are cause  conderlying cause last  in CANT CONDITIONS  uting to the death but not	LEADING TO DEATH  Coronary Thron Anterioscleration			INTERVAL BETWEEN ONSET AND DEATH  3 Mrs.  5 yrs.
related to the disea	se or condition causing deat	h. FINDINGS OF OPERATION			20. AUTOPSY?
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) OF INJURY	OF INJU	CE (Home, farm, factory, street, office bldg., etc.) JRY INJURY OCCURRED While at Not While Work At work	HOW DID INJURY OC		Yes No No NTY) (STATE)
alive on/// SIGNATURE SIGNATURE SIGNATURE SALIAL, CREM REMOVAL SPECTORY DATE REC'D BY	ify that I attended the anth 28, 1955, and E. Strobel April 1. LOCAL REGISTRAR'S	d that death occurred at  (Degree or title)  7m.D  NAME OF CEMETE  1955  Piney Gr  SIGNATURE	ADDRESS  Seisters town  RY OR CREMATORY  COVE  24. FUNERAL DIRECTO	causes and on the date med.  OCATION (City, town, or Baltimore)	te stated above. DATE SIGNED 3/29/55 county) (State) County ADDRESS
REG. 3-30	-55 K) ary	13. Eline.	J.F.Eline &	Sons, Reiste	rstown, Md.

BUREAU V. S.

PPR I 1955

BECEINTI

			. 1.1
leg.	Dist.	No.	41

2319 CERTIFICAT	E OF DEATH Reg. Dist. No. 4		
COUNTY Ballemore MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY  CITY (If outside corporate limits, write RURAL CITY (If outside corporate limits, write RURAL (in this place)  TOWN Dundalk	STATE 224 COUNTY		
HOSPITAL OR INSTITUTION OR 1531 Leslie Ave.	STREET (If rural give location) ADDRESS1531 Leslie Ave.		
3. NAME OF (First) (Middle) DECEASED: (Type or Print) ISABEL E. WOOLF	(Last)  4. DATE (Month) (Day) (Year)  OF  DEATH: Mar. 4. 19 55		
female   6. COLOR OR   7. SINGLE. MARRIED.   8. DATE   WIDOWED, DIVORCED.   Sept.	OF BIRTH: 9, AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HOURS   Months   Days   Hours   M		
OA. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife	II. BIRTHPLACE (State or foreign country):   12. CITIZEN OF WE COUNTRY?		
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
Frederick W. Hippler  18. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.	Blanche Innerst		
(Yes, no, or unk.) (If Yes, give war or dates of service)	Mr. Dixon R. Woolford-1531 Leslie Ave.		
IMMEDIATE CAUSE  ANTECEDENT CAUSE (S)  DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	essive muscular 16 years		
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	ON 20. AUTOPS' YES NO		
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, fa OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg (IF EITHER, NOTIFY MEDICAL EXAMINER)	ctory, 21c. WHERE DID (City or town) (County) (State) etc. INJURY OCCUR?		
210. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRE While Not while at work	D 21F. HOW DID INJURY OCCUR?		
A hus Collens Havey	M. D. 4/0 WATELLEY STEPLY OF CREMATORY   LOCATION (City, town, or county) (St.		
Burial 3/8/55 Loudon	Park Com. Balto Md.		
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE			

A15-VS.

DATE REC'D BY LOCAL REGISTRAR 3-7-5

REGISTRAR'S SIGNATURE

MARGIN RESERVED FOR BINDING

